2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # P05000061997 1. Entity Name BOYLE VENTURES, INC.							01-27-2006 90022 033 ***150.00	
Principal Place of Business 1760 EAST AVENUE N STE C SARASOTA, FL 34234				Mailing Address 1760 EAST AVENUE N STE C SARASOTA, FL 34234				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	01112006 Chg-P CR2E034 (11/05)	
City & State				City & State			4. FEI Number — 2812717 Applied For Not Applicable	
Zip		Country Zip		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Regis	tered Agent			7. Name and Address of New Registered Agent	
WILSON, M	MCHAFI	.1				Name JANET A. BOYLE		
200 S ORANGE AVE SARASOTA, FL 34236						Street Address	(P.O. Box Number is Not Acceptable) V.G.4 EAST ROYAL FLAMINGO DR.	
						City SA	RASOTA FL Zip Code 34236	
8. The above	named entit	y submits this statement	for the	purpose of changing its	register		ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligation of the street o	ons of regis	lered agent. IBryll	<u>,</u> J,	ANETA	Bo	YLE	d when reinstating) DATE	
	Consture, typed	or printed name of registered ag	ent and title	il applicable. (NOTE	Registeré	ed Agent signature require	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.		OFFICERS AN	VD DIRE	LCTORS	11.	····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT/ DIRECTOR Dolete					.£	☐ Change ☐ Addition	
NAME	THE PERSON NAMED AND PARTY OF THE PE					ME		
CITY-SI-ZIP SARASOTA, FL 34242						EET ADDRESS (Y-ST-ZIP		
TITLE VICE PRESIDENT/DIRECTAL Delete					DIL		Change Addition	
NAME CLIFFORD A. BOS				LE		AE .		
STREET ADDRESS 5051 HOULE PL						EET ADDRESS		
CITY-ST-ZIP SARASOTA, FL 34232					CIT	Y-ST-ZIP		
NAME BALANE BOYLE					NAI	WE	Change C Accessor	
NAME STREET ADDRESS GITY-ST-ZIP SALASOTA, FL 3436 TITLE SECRETARY DIRECTOR Delete					? STR	EET ADORESS		
CITY-ST-ZIP SARASOTA, FL 342				4236	CIT	Y-ST-ZIP		
TITLE	JANET A. BOYLE 4C4 EAST ROYAL FLAMINGS DR.				TITE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME STREET ADDRESS	JA.	WEINT ROS	PAL.	FLAMINGS DI	e ste	ME BEET ADORESS		
CITY-ST-ZIP	SA	RASOTA, F	23	4236		Y-ST-ZIP		
TITLE				☐ Delete	ŢĬŢĬ	LE	☐ Change ☐ Addition	
NAME					NA!	ħ h		
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS Y-ST-ZIP		
TITLE				□ Delete	TIT		☐ Change ☐ Addition	
NAME					NA		_ , ,	
STREET ADDRESS						REET ADORESS		
CITY-SI-ZIP			. Jahr. 1923	Allen de la companya		Y-ST-ZIP	The Court of the C	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNAT	URE:	Brief	r. 1	Coyle 1	BRI	AN F. Bo	STLE/Treasurer 1/23/06	
		SIGNATURE AND TYPED	OR PRINTE	D NAME OF BIGNING OFFICER	OR DIREC	CTOR	Date Daytime Phone ≢	