2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 14, 2007 8:00 am Secretary of State DOCUMENT # P05000061997 1. Entity Name 03-14-2007 90031 005 ***150.00 BOYLE VENTURES, INC. Principal Place of Business Mailing Address . 1760 EAST AVENUE N STE C 1760 EAST AVENUE N STE C SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-2812717 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYLE, JANET A Street Address (P.O. Box Number is Not Acceptable) 464 E. ROYAL FLAMINGO DR. SARASOTA FL 34236 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature, typed or printed name of registered agent and title in applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ш ☐ Delete ши ☐ Change Addition BOYLE, TIMOTHY A NAME NAM 5144 SANDY SHORE AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CHY-ST-ZIP CHY-SI-702 VPSD HHE Delete 100 Change ■ Addition BOYLE, CLIFFORD A NAME 5051 HOULE PL STREET ADDRESS STRUTT ADDRESS SARASOTA FL 34232 CHY-ST-ZIP CHY ST 7IP TD Delete ☐ Change Addition THLE HILL BOYLE, BRIAN F NAM 464 E. ROYAL FLAMINGO DR. STREET ADDRESS STRLET ADDRESS SARASOTA FL 34236 CHY-SI-7iP CHY ST 7IP BILL Delete Change Addition BOYLE, JANET NAM 464 E. ROYAL FLAMINGO DR. STREET ADDRESS STRUCT ADDRESS SARASOTA FL 34236 CHY-ST 7IP CITY-ST-7IP Addition ☐ Change THE Delete 1011 NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information