


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90025 006 \*\*\*550.00

**DOCUMENT # P05000072652**

1. Entity Name  
 FIRM FOUNDATION GROUP, INC.



Principal Place of Business  
 1910 SE 16TH STREET  
 CAPE CORAL, FL 33990 US

Mailing Address  
 1910 SE 16TH STREET  
 CAPE CORAL, FL 33990 US

2. Principal Place of Business  
 2609 SE 28TH STREET  
 Suite, Apt. #, etc.

3. Mailing Address  
 2609 SE 28TH STREET  
 Suite, Apt. #, etc.

City & State  
 CAPE CORAL, FL

City & State  
 CAPE CORAL, FL

Zip  
 33904

Country  
 USA

Zip  
 33904

Country  
 USA

40000



02012006 Chg-P CR2E034 (11/05)

4. FEI Number  
 81-0673527

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LAVENTURE, KENNETH W
STREET ADDRESS	<del>1910 SE 16TH STREET</del> 2609 SE 28TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33990 33904
TITLE	D <input type="checkbox"/> Delete
NAME	CULBERTSON, SONIA
STREET ADDRESS	209 SW 8TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	D <input type="checkbox"/> Delete
NAME	LAVENTURE, STEPHANIE
STREET ADDRESS	2609 SE 28TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Kenneth Laventure KENNETH LAVENTURE 5/15/06 (239) 722-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #