2006 FOR PROFIT CORPORATION ... ANNUAL REPORT

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # P05000077766** 04-03-2006 90402 005 ***150.00 1. Entity Name VENTURE GLOBAL INC. Principal Place of Business Mailing Address 66010930 5731 NW 60ST 5731 NW 60ST PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 03242006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Zo Country \$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 Name LIVERPOOL, RUTH 4974 N UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL, FL 33351 City Zip Code FL 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 SIGNATURE Signature, typied or princed riging of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change WILSON, WILLIAM NAME NAME 5731 NW 60ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ■ Addition LIVERPOOL, RUTH NAME NAME STREET ADDRESS 5731 NW 60ST STREET ADDRESS PARKLAND, FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling obes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is tude and social 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 truttee employees the security of the corporation of the corporation or the receiver or truttee employees that it is required by Grapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adverse, which groups are required by Grapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGH

FILED