

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080715

FILED
Apr 11, 2006
Secretary of State

Entity Name: FIRST VENTURES OF PINELLAS, INC.

Current Principal Place of Business:

907 KLOSTERMAN ROAD
SUITE E
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

907 KLOSTERMAN ROAD
SUITE E
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-2940460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, JAMES H SR
7238 MAPLEHURST DRIVE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

COLLIER, JAMES H SR
14055 TENNYSON DRIVE
HUDSON, FL 34667 US

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.

SIGNATURE: JAMES H COLLIER SR

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEIMAN, BONNIE
Address: 2106 SUSSEX COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: SETTLES, CHRISTINE
Address: PO BOX 190727
City-St-Zip: NASHVILLE, TN 37219

Title: D () Delete
Name: KIESEL, TARA S
Address: 1000 LAKE RIDGE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: BUCCI, SUSAN
Address: 1780 WOOD BEND STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: REYNOLDS, PETER
Address: 2106 SUSSEX COURT
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE NEIMAN

D

04/11/2006

Electronic Signature of Signing Officer or Director

Date