

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101395

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: BLACK WILLOW VENTURES INC.

## Current Principal Place of Business:

65 BLACK WILLOW STREET  
HOMOSASSA, FL 34446 US

## New Principal Place of Business:

## Current Mailing Address:

65 BLACK WILLOW STREET  
HOMOSASSA, FL 34446 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANNA, THERESA  
65 BLACK WILLOW STREET  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HANNA, JOHN  
Address: 65 BLACK WILLOW STREET  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VPD ( ) Delete  
Name: HANNA, THERESA  
Address: 65 BLACKWILLOW STREET  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: STD ( ) Delete  
Name: GILBERT, CINDY  
Address: 26 DALIA COURT SOUTH  
City-St-Zip: HOMOSASSA, FL 34446

## 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:

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: CINDY GILBERT

STD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date