2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 23, 2007 08:00 Al Secretary of State **DOCUMENT # P05000113984** 1. Entity Name DARROW VENTURES INC Principal Place of Business Mailing Address KENNETH R DARROW KENNETH R DARROW **502 S EDGMON AVENUE 502 S EDGMON AVENUE** WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 20-3307891 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DARROW, KENNETH R Street Address (P.O. Box Number is Not Acceptable) **502 S EDGMON AVENUE** WINTER SPRINGS, FL 32708 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE DARROW, KENNETH R NAME NAME **502 S EDGMON AVENUE** STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Citanee NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS U000000721408 CITY-ST-ZIP CITY-ST-ZIP 05/01/07-00144 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #