2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134723

1. Entity Name

SINGER ISLAND VENTURES, INC.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

26 LAKE DRIVE

PALM BEACH SHORES, FL 33404

Mailing Address

26 LAKE DRIVE

PALM BEACH SHORES, FL 33404



DO NOT WRITE IN THIS SPACE

01232007	No Chg-P	CR2E034 (11/05)

4. FEI Number 20-3863849

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MYERS, ARTHUR R III 26 LAKESIDE DRIVE PALM BEACH SHORES, FL 33404

DO NOT WRITE IN THIS SPACE

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						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, ARTHUR R III 26 LAKESIDE DRIVE PALM BEACH SHORES, FL 33404 ST MYERS, MARY J 26 LAKESIDE DRIVE PALM BEACH SHORES, FL 33404				U00000678204 04/02/07-80023-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ARTHUR R JR. 26 LAKESIDE DRIVE PALM BEACH SHORES, FL 33404				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS					i	

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WASE OF SIGNING OFFICER OR DIRECT

Date

Daytime Phone #