2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90455 041 ***150.00

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1. Entity Name REARDON VENTURES, INC.		
Principal Place of Business	Mailing Address	
7834 PINE TRACE SARASOTA, FL 34239	7834 PINE TRACE SARASOTA, FL 34239	
2. Principal Place of Business	3. Mailing Address	

TITLE

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7834 PINE TRACE SARASOTA, FL 34239 7834 PINE TRACE SARASOTA, FL 34239				1 18822881 JH 8	00,000 tu 100,000 PAN 3 T 8 8		 	: P.O. 11 D.O.	
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	Apt. #, etc.		04072006	Chg-P	CR2E034	4 (11/05)	
City & State City & State				4. FEI Number 20 - 3	180697	7		plied For t Applicable	
Zip	Country	Zip	Coun	try		f Status Desired	□ \$	8.75 Add se Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	Address of New Re	gistered Ag	ent	
VOICE ST	EDUEN E			Name					
VOIGT, STEPHEN F 2042 BEE RIDGE RD SARASOTA, FL 34239			Street Address (P.O. Box Number is Not Acceptable)						
0, 110 100 1	7,112 0 1200								
				City			FL	Zip Code	•
	named entity submits this statement ions of registered agent.	for the purpose of chang	ing its register	ed office or reg	istered agent, or both	, in the State of Flo	rida. Iam far	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature rec	quired when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	ž.	Campaign Finar d Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	PIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REARDON, CAROL J 7834 PINE TRACE SARASOTA, FL 34239	☐ Delete	NAM STRE	•	,		ĺ	Change	Addition
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12. I hereby certify that the information supplied with this filing 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: <u>CAROL REARDON</u> - CAROL REARDON		941-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime