2008 FOR PROFIT CORPORATION

Mar 24, 2008 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # P06000003232 1. Entity Name SBC VENTURES, INC. Principal Place of Business Mailing Address 3707 W. LEONA STREET 3707 W. LEONA STREET TAMPA, FL 33629 TAMPA, FL 33629 a week to the wife the part Company to a regime of the theory after the second 03182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 03-0578130 The state of the s \$8.75 Additional The real parties of the second 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PFEIFFER, ROBERT J DO NOT WRIT 3707 W LEONA STREET TAMPA, FL 33629 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ~_;~***;04/08/08-80056-006 150.00 TITLE PFEIFFER, ROBERT J NAME The wastern to the transfer of the 3707 W. LEONA STREET STREET ADDRESS Section of the party of the TAMPA, FL 33629 CITY-ST-ZIP TITLE red in the star of the said NAME STREET ADDRESS The state of the state of the state of CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS the father of a more than by CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 pissapport 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 apadd

SIGNATURE:

IIILE NAME STREET ADDRESS

CITY-ST-ZIP

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