2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000017548** 04-16-2007 90077 020 ***150.00 DV 8 BUSINESS VENTURES, INC. Principal Place of Business Mailing Address 40062657 1265 SEASON BLVD 1265 SEASON BLVD KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8274535 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mosche LAVIGNE, JAMES R Street Address (P.O. Box Number is Not Acceptable) 7087 GRAND NATIONAL DR SUITE 100 ORLANDO, FL 32819 Vine 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE'IS \$150.00 - -Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITI F D ☐ Delete TITLE ☐ Change ☐ Addition PURCHASE, ALBERT NAME NAME 1265 SEASON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PURCHASE, JUNE NAME NAME STREET ADDRESS 1265 SEASON BLVD STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

PURCHASE

FILED

4/12/07

Daytime Phone #