

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060670

Entity Name: E.W. VENTURES, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

831 FORSYTH STREET
BOCA RATON, FL 33487

New Principal Place of Business:

251 NE 2ND AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

831 FORSYTH STREET
BOCA RATON, FL 33487

New Mailing Address:

251 NE 2ND AVE
DELRAY BEACH, FL 33444

FEI Number: 20-4948203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I
1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAGENSTAD, SLOANE
Address: 831 FORSYTH STREET
City-St-Zip: BOCA RATON, FL 33487

Title: VP/D () Delete
Name: HAGENSTAD, KEVIN
Address: 831 FORSYTH STREET
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN T. HAGENSTAD

VP/D

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date