2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 06, 2008 08:00 AN Secretary of State **DOCUMENT # P06000145822** 1. Entity Name CBR VENTURES, INC. Mailing Address Principal Place of Business **2618 SE 147TH STREET 2618 SE 147TH STREET STARKS, FL 32091** STARKS, FL 32091 05052008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5990606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MB ACCOUNTING DO NOT WRITE 11706 U S 301 THONOTOSASSA, FL 33592 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the FILE NOWILL FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. PTD TITLE DRIGGERS, CATHY NAME STREET ADORESS **2618 SE 147TH STREET** U00000949519 06/03/03-80031-011 150.00 CITY-ST-ZIP **STARKS, FL 32091** TITLE VICKERY, MOLLIE NAME STREET ADDRESS 2618 SE 147TH ST STARKS, FL 32091 CiTY-ST-7IP TITLE MCALPINE, BILLY NAME STREET ADDRESS 2618 SE 147TH ST DO NOT WRITE CITY-ST-ZIP **STARKS, FL 32091** IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE: