## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000121421

HARRIS, KELROY

3820 NW 79TH AVE APT A

CORAL SPRINGS, FL 33065 US

Name:

Address:

City-St-Zip:

Entity Name: SIMONET VENTURES, INC.

Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2420 24TH WAY WEST PALM BEACH, FL 33407 US **Current Mailing Address: New Mailing Address:** 2420 24TH WAY WEST PALM BEACH, FL 33407 US FEI Number: 26-1380354 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMONET, BILLYGRAM 2420 24TH WAY WEST PALM BEACH, FL 33407 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition SUP, JENNIFER SIMONET, BILLYGRAM Name: Name: 2420 24TH WAY 2420 24TH WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: WEST PALM BEACH, FL 33407 US Title: Title: () Delete (X) Change ( ) Addition Name: SIMONET, TORIA Name: SUP. JENNIFER M 4866 PINEAIRE LANE 2420 24TH WAY Address: Address: WEST PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33407 US City-St-Zip: City-St-Zip: Title: PD (X) Delete Title: () Change () Addition SIMONET, BILLYGRAM Name: Name: 2420 24TH WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BILLYGRAM SIMONET PD 04/23/2008