## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000020980

City-St-Zip:

Entity Name: VENTURES TIRNANOG. INC.

FILED Apr 29, 2006 Secretary of State

y	MICE VENTO	(20 ) 11 (17 (1700), 1170.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1320 PAS	ADENA AVEN	IUE SOUTH				
#408 SOUTH PA	ASADENA, FI	_ 33707				
	lailing Addre		New Maili	New Mailing Address:		
P.O. BOX ST PETER		CH, FL 337366285				
FEI Number: 59-3169283		FEI Number Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SOUTH Pa	WÁY VIEW E ASADENA, FI named entity		e purpose of changing i	ts registered	d office or registered agent, or both,	
in the State	e of Florida.					
SIGNATU						
		nic Signature of Registered A	gent		Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CRENSHAW, 6570 FAIRWA	) Delete JON Y VIEW BLVD. SOUTH DENA, FL 33707	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KORTAS, LEO 6570 FAIRWA	) Delete NARD Y VIEW BLVD. SOUTH DENA, FL 33707	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, W 1320 PASADE	) Delete ILLIAM INA AVENUE SOUTH #408 DENAD, FL 33707	Title: Name: Address: City-St-Zip:		(X) Change()Addition MILLIAM DENA AVENUE SOUTH #408 ADENA, FL 33707	
Title: Name: Address:	(	) Delete	Title: Name: Address:	D CRENSHAW P.O. BOX 66		

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.

City-St-Zip:

SIGNATURE: JON A CRENSHAW D 04/29/2006

ST PETE BEACH, FL 33736