

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000031293

**FILED**  
**Aug 14, 2006**  
**Secretary of State****Entity Name:** TUIVENTURES, INC.**Current Principal Place of Business:**2450 SW 85 TERRACE  
DAVIE, FL 33324**New Principal Place of Business:****Current Mailing Address:**2450 SW 85 TERRACE  
DAVIE, FL 33324**New Mailing Address:****FEI Number:** 65-0489995**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOHN, DAVID  
2450 SW 85TH TERR.  
DAVIE, FL 33324 US**Name and Address of New Registered Agent:**TEDRICK, MICHELE  
814 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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: MICHELE TEDRICK

08/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHN, DAVID  
Address: 2450 SW 85TH TERRACE  
City-St-Zip: DAVIE, FL 33324

Title: SD ( ) Delete  
Name: JOHN, DIANA M.  
Address: 2450 SW 85TH TERRACE  
City-St-Zip: DAVIE, FL 33324

Title: V ( ) Delete  
Name: AMELIA, JOHN D  
Address: 2450 SW 85TH TERRACE  
City-St-Zip: DAVIE, FL 33324

Title: V ( ) Delete  
Name: JOHN, GARETH C L  
Address: 2450 SW 85TH TERRACE  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DAVID JOHN

PD

08/14/2006

Electronic Signature of Signing Officer or Director

Date