

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000031293

1. Entity Name
TUIVENTURES, INC.



Principal Place of Business
2450 SW 85 TERRACE
DAVIE, FL 33324

Mailing Address
2450 SW 85 TERRACE
DAVIE, FL 33324



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0489995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TEDRICK, MICHELE
814 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000822750
02/20/08-80010-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHN, DAVID
STREET ADDRESS 2450 SW 85TH TERRACE
CITY-ST-ZIP DAVIE, FL 33324

TITLE SD
NAME JOHN, DIANA M.
STREET ADDRESS 2450 SW 85TH TERRACE
CITY-ST-ZIP DAVIE, FL 33324

TITLE V
NAME AMELIA, JOHN D
STREET ADDRESS 2450 SW 85TH TERRACE
CITY-ST-ZIP DAVIE, FL 33324

TITLE V
NAME JOHN, GARETH C L
STREET ADDRESS 2450 SW 85TH TERRACE
CITY-ST-ZIP DAVIE, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/08 954-474-2818