2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P94000048136

Entity Name: VENTURE IMPORTED PRODUCTS, INC.

Current Principal Place of Business:

3016 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326 US

New Principal Place of Business:

Current Mailing Address:

103 MARIE CIRCLE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 65-0501766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTES, NICOLAS E
103 MARIE CIRCLE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: COTES, NICOLAS
Address: 103 MARIE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V ( ) Delete
Name: OROZCO, GUILERMO
Address: 287 TRICE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: COTES, E
Address: 103 MARIE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T ( ) Change (X) Addition
Name: RODRIGUEZ, LESLIE J
Address: 103 MARIE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: NICOLAS COTES P 04/26/2006

Electronic Signature of Signing Officer or Director Date