2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2007 08:00 A Secretary of State **DOCUMENT # P94000059720** 1. Entity Name LUNITIC VENTURES, INC. Principal Place of Business Mailing Address 4625 NW 8TH AVE 4625 NW 8TH AVE FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0512919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVLIN, MICHAEL DO NOT WRITE 2415 N ATLANTIC BLVD FT LAUDERDALE, FL 33305 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 eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME **DELVIN, MICHAEL** STREET ADDRESS **4625 NW 8 AVENUE** CITY-ST-ZIP FORT LAUDERDALE, FL 33309 U00000579585 01/10/07-80013-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-7IP TOTLE NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR