


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90158 001 \*\*\*\*\*8.75  
05-16-2007 90158 002 \*\*\*150.00

<b>DOCUMENT # P95000022243</b>			
1. Entity Name <b>VENTURA INCORPORATED</b>			
Principal Place of Business <del>3213 N OCEAN BLVD</del> <b>3211 N. OCEAN BLVD.</b> <del>SUITE 202</del> FORT LAUDERDALE, FL 33308		Mailing Address 1707 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # <b>3211 N. OCEAN BLVD.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>same</i>	
City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FL</b>	
Zip <b>33308</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>EDWARDS, LOIS</b> <del>3213 N. OCEAN BLVD., STE. 202</del> <b>3211 N. OCEAN BLVD.</b> <b>FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES EDWARDS, LOIS 1707 E. LAS OLAS BLVD FT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SWEENEY, MICHAEL 3211 N OCEAN BLVD., STE 202 FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lois J. Edwards</i> <b>LOIS J. EDWARDS</b>		Date	Daytime Phone #
		<b>4-15-07</b>	<b>954-564-8200</b>



04242007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0568302**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required