2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048888

Entity Name: NORIC/FWB VENTURES, INC.

2333 BRICKELL AVE- STE D-1

MIAMI, FL 33129

Address: City-St-Zip:

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2333 BRICKELL AVE STE D-1 MIAMI, FL 33129 **Current Mailing Address: New Mailing Address:** 2333 BRICKELL AVE STE D-1 MIAMI, FL 33129 FEI Number: 65-0591824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARY ANN Y. DAVID KWIAT, ANDREW CFO 2333 BRICKELL AVE 2333 BRICKELL AVE STE D-1 STE D-1 MIAMI, FL 33129 US MIAMI, FL 33129 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: ANDREW KWIAT 03/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition OLSON, RICHARD Name: Name: 2333 BRICKELL AVE- STE D-1 Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: () Delete Title: DST Title: () Change () Addition ROSEN, NORMAN S Name: Name: 2333 BRICKELL AVE- STE D-1 Address: Address: MIAMI, FL 33129 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROSEN, CLIFFORD D. Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CLIFFORD D. ROSEN MGR 03/06/2009