

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065564

FILED
Jan 17, 2009
Secretary of State

Entity Name: SOVEREIGN VENTURES, INC.

Current Principal Place of Business:

5611 SHEFFIELD GREENE
SARASOTA, FL 34235 US

New Principal Place of Business:

5611 SHEFFIELD GREENE CIRCLE
SARASOTA, FL 34235 US

Current Mailing Address:

5611 SHEFFIELD GREENE
SARASOTA, FL 34235 US

New Mailing Address:

5611 SHEFFIELD GREENE CIRCLE
SARASOTA, FL 34235 US

FEI Number: 65-0605080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUSS, BARBARA
5611 SHEFFIELD GREENE
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

STRAUSS, BARBARA
5611 SHEFFIELD GREENE CIRCLE
SARASOTA, FL 34235 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:

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRAUSS, BARBARA
Address: 5611 SHEFFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRAUSS, BARBARA
Address: 5611 SHEFFIELD GREENE CIRCLE
City-St-Zip: SARASOTA, FL 34235

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.

SIGNATURE: BARBARA STRAUSS

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date