

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065707

FILED
Jan 31, 2005
Secretary of State

Entity Name: FIRST VENTURE ASSOCIATES, INC.

Current Principal Place of Business:

8001 N. DALE MABRY HWY.
SUITE 101
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

8001 N. DALE MABRY HWY.
SUITE 104
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3331635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERREE, DOUGLAS I
8001 N DALE MABRY HWY SUITE 101B
TAMPA, FL 33614 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: DP () Delete
Name: FLOWERREE, DOUGLAS I
Address: 8001 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: FLOWERREE, BARBARA J
Address: 80001 N. DALE MABRY
City-St-Zip: TAMPA, FL 33614

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

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: SEC () Change (X) Addition
Name: FLOWERREE, DOUGLAS I
Address: 8001 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

Title: TRES () Change (X) Addition
Name: FLOWERREE, DOUGLAS I
Address: 8001 N. DALE MABRY
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUG FLOWERREE

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date