2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# P95000065707

Entity Name: FIRST VENTURE ASSOCIATES, INC.

Current Principal Place of Business:

13927 CLUBHOUSE CIRCLE
TAMPA, FL 33618 US

New Principal Place of Business:

7821 N. DALE MABRY HWY.
SUITE 100
TAMPA, FL 33624 US

Current Mailing Address:

13927 CLUBHOUSE CIRCLE
TAMPA, FL 33618 US

New Mailing Address:

7821 N. DALE MABRY HWY.
SUITE 100
TAMPA, FL 33614 US

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
7821N DALE MABRY HWY SUITE 100
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

FLOWERREE, DOUGLAS I
7821N DALE MABRY HWY
SUITE 100
TAMPA, FL 33614 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: _____ 03/17/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FLOWERREE, DOUGLAS I
Address: 7821 N. DALE MABRY HWY., SUITE 100
City-St-Zip: TAMPA, FL 33614 US

Title: VP ( ) Delete
Name: FLOWERREE, BARBARA J
Address: 7821 N. DALE MABRY HWY., SUITE 100
City-St-Zip: TAMPA, FL 33614 US

Title: SEC ( ) Delete
Name: FLOWERREE, DOUGLAS I
Address: 7821 N DALE MABRY HWY, STE. 100
City-St-Zip: TAMPA, FL 33614 US

Title: TRES ( ) Delete
Name: FLOWERREE, DOUGLAS I
Address: 7821 N. DALE MABRY, STE. 100
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS I. FLOWERREE PRES 03/17/2008
Electronic Signature of Signing Officer or Director — Date