


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

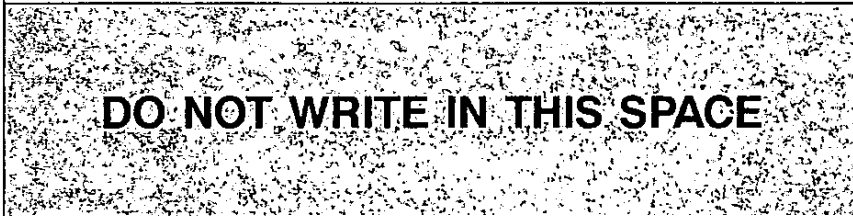
**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90200 024 \*\*\*150.00


DOCUMENT # P96000011096  
 1. Entity Name  
 THE SG VENTURES COMPANY



Principal Place of Business 36468 EMERALD COAST PKWY SUITE 10101 DESTIN, FL 32541 US	Mailing Address 36468 EMERALD COAST PKWY SUITE 10101 DESTIN, FL 32541 US
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90001200



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3364493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GWIN, CURTIS H  
 36474 EMERALD COAST PKWY  
 SUITE 10101  
 DESTIN, FL 32541



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 reinstating)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CURTIS H 36468 EMERALD COAST PKWY, SUITE 10101 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOULTS, HOWARD RAY 36468 EMERALD COAST PKWY, SUITE 10101 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 lists empowered.

SIGNATURE: H. Gary Shoults 4/25/06 850-837-0392  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #