2007 FOR PROFIT CORPORATION --- ANNUAL REPORT

DOCUMENT # P97000050315

BABÇOCK VENTURES, INC.



Principal Place of Business

9200 S DADELAND BLVD

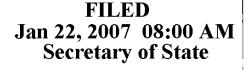
STE 103 MIAMI, FL 33156 US Mailing Address

9200 S DADELAND BLVD

STE 103

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33156 US





01052007

CR2E034 (11/05)

4. FEI Number 65-0755479

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABCOCK, CALVIN H 9200 S DADELAND BLVD

DO NOT WRITE

#103 MIAMI, FL 33156			IN THIS SPACE		
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 Signature typed or purited name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD BABCOCK, CALVIN H 9200 S DADELAND BLVD #103 MIAMI, FL 33156	CTORS			U00000594787 01/23/07-80014-004 150.00
IITLE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
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 trugtee 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 address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

305-599-2780