2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 21, 2008 08:00 A **DOCUMENT # P97000061764** Secretary of State 1. Entity Name ORMOND VENTURES, INC. Principal Place of Business Mailing Address 1100 OCEAN SHORE BLVD. 1100 OCEAN SHORE BLVD. SUITE 12 SUITE 12 ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 02262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3460133 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COWGER, JANIE B DO NOT WRITE 120 CAPRI DRIVE ORMOND BEACH, FL 32176 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 (NOTE: Recistered Agent signature required when reinstating) \$5.00 Maỳ Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVD** . ÌΠI F COWGER, IVAN M NAME STREET ADDRESS 120 CAPRI DRIVE ORMOND BEACH, FL 32176 CITY - ST-ZIP TITLE COWGER, JANIE B NAME STREET ADDRESS 120 CAPRI DRIVE ORMOND BEACH, FL 32176 CITY-ST-ZIP U00000865812 04/08/08-80003-015 150:00 TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

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