

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000010266

FILED
Feb 09, 2006
Secretary of State**Entity Name:** BAG VENTURES, INC.**Current Principal Place of Business:**249 PERUVIAN AVE
STE F5
PALM BEACH, FL 33480**New Principal Place of Business:****Current Mailing Address:**249 PERUVIAN AVE
STE F5
PALM BEACH, FL 33480**New Mailing Address:****FEI Number:** 65-0814997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COHEN, FRED C ESQ
712 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408 US**Name and Address of New Registered Agent:**BRANNOCK, STEVEN G ESQ
1800 SO. AUSTRALIAN AVENUE
SUITE 402
WEST PALM BEACH, FL 33409 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: STEVEN G. BRANNOCK

02/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WYNER, ROBERT
Address: 249 PERUVIAN AVE., STE. F-5
City-St-Zip: PALM BEACH, FL 33480

Title: DST () Delete
Name: WYNER, JASON L
Address: 249 PERUVIAN AVE., STE. F-5
City-St-Zip: PALM BCH, FL 33480

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERL, WAYNE
Address: 249 PERUVIAN AVE., STE. F-5
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change () Addition
Name: WYNER, JASON L
Address: 249 PERUVIAN AVE., STE. F-5
City-St-Zip: PALM BCH, FL 33480

Title: D () Change (X) Addition
Name: MOTEZEDI, IRAJ
Address: 249 PERUVIAN AVENUE.SUITE F-5
City-St-Zip: PALM BEACH, FL 33480

Title: STD () Change (X) Addition
Name: ESTEVES, MAURICIO
Address: 1077 30TH STREET,N.W.
City-St-Zip: WASHINGTON, DC 20007

Title: D () Change (X) Addition
Name: BLATNICK, BORIS
Address: 1077 30TH STREET, N.W.
City-St-Zip: WASHINGTON, DC 20007

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE GERL

PD

02/09/2006

Electronic Signature of Signing Officer or Director

Date