

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000057449

1. Entity Name
NECESSARY VENTURES, INC.



Principal Place of Business
800 SOUTH OSPREY AVENUE
SARASOTA, FL 34236

Mailing Address
800 SOUTH OSPREY AVENUE
SARASOTA, FL 34236

2. Principal Place of Business <i>464 Golden Gate Point</i> Suite, Apt. #, etc. <i>Apt. 601</i>		3. Mailing Address <i>464 Golden Gate Point</i> Suite, Apt. #, etc. <i>Apt. 601</i>		4. FEI Number <i>65-0846197</i>	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>34236</i>	Country <i>USA</i>	Zip <i>54236</i>	Country <i>USA</i>	7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent LONSDALE, ROBERT D 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236				Name <i>Norm Shee</i> Street Address (P.O. Box Number is Not Acceptable) <i>70 Supper esche PA</i> City <i>Sarasota</i>	Zip Code <i>FL 34236-7834</i>
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: <i>Norman J. Shee</i> <i>3-11-06</i>					
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONSDALE, ROBERT D 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>464 Golden Gate Point Apt. 601</i> <i>34236</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONSDALE, KRISTY K 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>464 Golden Gate Point Apt. 601</i> <i>34236</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Robert D. Lonsdale* *3/3/06 941-923-6301*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/3/06* Daytime Phone # *941-923-6301*