

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90130 029 \*\*\*150.00

<b>DOCUMENT # P98000057449</b>			
<b>1. Entity Name</b> NECESSARY VENTURES, INC.			
<b>Principal Place of Business</b> 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236		<b>Mailing Address</b> 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	
<b>2. Principal Place of Business</b> 464 Golden Gate Point Suite, Apt. #, etc. Apt. 601 City & State Sarasota FL Zip 34236 Country USA		<b>3. Mailing Address</b> 464 Golden Gate Point Suite, Apt. #, etc. Apt. 601 City & State Sarasota FL Zip 34236 Country USA	
<b>4. FEI Number</b> 65-0846197		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LONSDALE, ROBERT D 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236		<b>7. Name and Address of New Registered Agent</b> Name Norm Shea Street Address (P.O. Box Number is Not Acceptable) 70 Suplec & Shea PA 800 South Osprey Avenue City Sarasota FL Zip Code 34236-7834	
<b>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.</b> SIGNATURE <i>[Signature]</i> <i>Norm J. Shea</i> DATE 3-11-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE D NAME LONSDALE, ROBERT D <input type="checkbox"/> Delete STREET ADDRESS 800 SOUTH OSPEY AVENUE CITY-ST-ZIP SARASOTA, FL 34236	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 464 Golden Gate Point Apt. 601 STREET ADDRESS 34236 CITY-ST-ZIP		
TITLE D NAME LONSDALE, KRISTY K <input type="checkbox"/> Delete STREET ADDRESS 800 SOUTH OSPEY AVENUE CITY-ST-ZIP SARASOTA, FL 34236	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 464 Golden Gate Point Apt. 601 STREET ADDRESS 34236 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> Robert D. Lonsdale		Date 3/3/06 Daytime Phone # 941-923-6301	