


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000075570 1. Entity Name LEGENDARY VENTURES INTERNATIONAL INC.					
Principal Place of Business 11004 61ST STREET TEMPLE TERRACE FL 33617			Mailing Address 11004 61ST STREET TEMPLE TERRACE FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3531740 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent WALKER, DIANE 11004 61ST STREET TEMPLE TERRACE FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: Registered Agent signature required when restate) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 WALKER, DIANE 11004 61ST STREET TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: center;"> UN00000487680 04/14/06-80004-019 150.00 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WALKER, DONALD 1104-61ST STREET TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Diane R Walker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR