

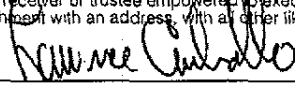


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000107226</b>			
1. Entity Name <b>DRIFTWOOD VENTURES, INC.</b>			
Principal Place of Business <b>1001 N. U.S. HWY 1 SUITE 800 JUPITER, FL 33477</b>	Mailing Address <b>1001 N. U.S. HWY 1 SUITE 800 JUPITER, FL 33477</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0895439</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEISSLER, ROBERT I 150 W FLAGLER STREET #2200 MIAMI, FL 33130</b>		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1111000646758 03/06/07-80045-017 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDDMEYER, DAVID 1001 N. US HWY 1, STE 800 JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DIAZ, CHARLES M 1001 N. US HWY 1 JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARBALLO, LAWRENCE 1001 N. US HWY 1 JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALZ, PETER 1001 N. US HWY 1 JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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: 		02/20/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	