


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90003 050 \*\*\*150.00

<b>DOCUMENT # P99000057004</b> 1. Entity Name <b>JOINT VENTURE ASSOCIATES INC.</b>					
Principal Place of Business <b>750 SPANISH RIVER BLVD APT 501 BOCA RATON, FL 33431</b>			Mailing Address <b>750 SPANISH RIVER BLVD APT 501 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>7089 MONTRICO DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>7089 MONTRICO DRIVE</b> Suite, Apt. #, etc.		
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>		4. FEI Number <b>65-0923249</b>	
Zip <b>33433</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TIPPING, CHARLES JR. 750 SPANISH RIVER BLVD APT 501 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7089 MONTRICO DRIVE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33433</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: <b>CHARLES Tipping Jr.</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>1-15-05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIPPING, CHARLES JR. 750 SPANISH RIVER BLVD. APT 501 DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7089 MONTRICO DRIVE BOCA RATON FL. 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIPPING, MARILYN 750 SPANISH RIVER BLVD. APT 501 DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7089 MONTRICO DRIVE BOCA RATON FL. 33433</b>	
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 exemption stated in Section 119.07(3)(i), 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: <b>CHARLES Tipping Jr.</b> DATE: <b>1-15-05</b> DAYTIME PHONE #: <b>561-620-9636</b>					