


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 049 ***150.00

DOCUMENT # P99000089905 1. Entity Name KAMAKAZE VENTURES INC.					
Principal Place of Business 12220 ATLANTIC AVE STE 120 JACKSONVILLE, FL 32225			Mailing Address P.O. BOX 18461 JACKSONVILLE, FL 32229		
2. Principal Place of Business		3. Mailing Address 12220 Atlantic Blvd			
Suite, Apt. #, etc. Suite #120		Suite, Apt. #, etc. Suite #120			
City & State Jacksonville FL		City & State Jacksonville FL			
Zip 32225	Country	Zip 32225	Country	4. FEI Number 59-3610053	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OWENS, EDWARD B JR 14095 SHARON OWENS ROAD JACKSONVILLE, FL 32218			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	NAME OWENS, EDWARD B JR.		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 14095 SHARON OWENS BLVD.	CITY-ST-ZIP JACKSONVILLE, FL 32218		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE OWENS, EDWARD B JR.	CITY-ST-ZIP JACKSONVILLE, FL 32218		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 14095 SHARON OWENS BLVD.	<input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE OWENS, EDWARD B JR.	CITY-ST-ZIP JACKSONVILLE, FL 32218		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 14095 SHARON OWENS BLVD.	<input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		STREET ADDRESS <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: Edward B Owens Jr EDWARD B. OWENS JR 4-11-05 9042226900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					