2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# S99785

Entity Name: MCBLT VENTURES, INC.

Current Principal Place of Business:

12155 METRO PARKWAY
SUITE 25A
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

12155 METRO PARKWAY
SUITE 25A
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0299877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTLER, GAREY F.
1625 HENDRY ST.
SUITE 301
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPS	( ) Delete
Name:	FEWSTER, THOMAS G.,	
Address:	12155 METRO PARKWAY	
City-St-Zip:	FT. MYERS, FL 33912 US	
Title:	DV	( ) Delete
Name:	FEWSTER, BARBARA A.,	
Address:	12155 METRO PARKWAY	
City-St-Zip:	FT. MYERS, FL 33912 US	
Title:	D	( ) Delete
Name:	FEWSTER, THOMAS G JR.	
Address:	12155 METRO PARKWAY	
City-St-Zip:	FT. MYERS, FL 33912 US	
Title:	D	( ) Delete
Name:	FEWSTER, BEVERLY	
Address:	12155 METRO PARKWAY	
City-St-Zip:	FT. MYERS, FL 3391 US	
Title:	D	( ) Delete
Name:	THUENTE, LORI	
Address:	1126 OAKDALE	
City-St-Zip:	CHICAGO, IL 60657 US	
Title:	D	( ) Delete
Name:	FEWSTER, RONALD	
Address:	314 FAIRWAY AVE.	
City-St-Zip:	CHILLICOTHE, OH 45601 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THUENTE, LORI	
Address:	1028 OLD MILL ROAD	
City-St-Zip:	LAKE FOREST, IL 60045 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. FEWSTER DPS 03/16/2006

Electronic Signature of Signing Officer or Director — Date