2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01715

NIATIONIAL VENTUDEO INIC

FILED Apr 07, 2006 Secretary of State

Entity Nai	me: NATIONA	L VENTURES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
FRANKLIN	E) STREET NV N TOWER, #10 STON, DC 200	00			
Current Mailing Address:			New Mailing Address:		
2020 WINSTON PARK DRIVE SUITE 700			2020 WINSTON PARK DRIVE SUITE 700		
OAKVILLE, ON L6H 6X7			OAKVILLE, ON, CANADA, ON L6H 6X7 CA		
FEI Number	: 59-3097482	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAN ION, FL 33324	ND RD. US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name:	PETTERSON, L 11767 KATY FR HOUSTON, TX	REEWAY, SUITE 100	Title: Name: Address: City-St-Zip: Title: Name:	D/P (X) Change () Addition WATSON, TIMOTHY C 1979 LAKESIDE PARKWAY, SUITE 500 TUCKER, GA 30084 US () Change () Addition	
Address: City-St-Zip:	1401 I (EYE) ST WASHINGTON,	REET NW, SUITE 1000 DC 20005 US	Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VLASTARIS, NI	PARK DRIVE, SUITE 700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHIFFER, VIV	EET, SUITE 3300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GERRISH, GRE	Delete GORY R PARK DRIVE, SUITE 700	Title: Name: Address:	ACS (X) Change () Addition GERRISH, GREGORY R 2020 WINSTON PARK DRIVE, SUITE 700	

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.

City-St-Zip: OAKVILLE, ON L6H 6X7 CA

SIGNATURE: GREGORY R. GERRISH **ACS** 04/07/2006

City-St-Zip: OAKVILLE, ON L6H 6X7 CA