2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01715

Entity Name: NATIONAL VENTURES, INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1401 I (EYE) STREET NW FRANKLIN TOWER, #1000 WASHINGTON, DC 20005 US				1979 LAKESIDE PARKWAY SUITE 500 TUCKER, GA 30084 US		
Current Mailing Address:				New Mailing Address:		
2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON, CANADA, ON L6H 6X7 CA			2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON L6H 6X7 CA			
FEI Number: 59-3097482 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WATSON, TIMOT 1979 LAKESIDE TUCKER, GA 30 D/T () E LING, GRANT	PARKWAY, SUITE 500 084 US Delete REET NW, SUITE 1000		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WATSON, TIM 111 DUNSMUI VANCOUVER, D/T (X LING, GRANT	R STREET BC V6B 5W3 CA K) Change () Addition R IARLE POINT PLACE, SUITE 150
Title: Name: Address: City-St-Zip:	VLASTARIS, NICI	PARK DRIVE, SUITE 700		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () E SCHIFFER, VIVIE 333 CLAY STREE HOUSTON, TX 7	ENNE R ET, SUITE 3300		Title: Name: Address: City-St-Zip:	DELMASTRO, ONE PLYMOU	K) Change () Addition THOMAS JTH MEETING, SUITE 850 IEETING, PA 19462 US
Title: Name: Address: City-St-Zip:	GERRISH, GREG	PARK DRIVE, SUITE 700		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	SPIER, LEAN	DE PARKWAY, SUITE 500

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: GREGORY R. GERRISH ACS 04/05/2007