## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V01715

Entity Name: NATIONAL VENTURES, INC.

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
SUITE 500	SIDE PARKWA				
TUCKER, GA 30084 US  Current Mailing Address:				na Address	
-			New Mailli	New Mailing Address:	
SUITE 700	TON PARK DR ON L6H 6X7				
FEI Number:	59-3097482	FEI Number Applied For ( )	El Number Not Appli	icable ( ) 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 DIRECTOR					
Title: Name: Address: City-St-Zip:	WATSON, TIMOT 111 DUNSMUIR S VANCOUVER, BC	STREET V6B 5W3 CA	Title: Name: Address: City-St-Zip:	D/P (X) Change ( ) Addition GELBAR, TIMOTHY P 1979 LAKESIDE PARKWAY, SUITE 500 TUCKER, GA 30084 US	
Title: Name: Address: City-St-Zip:	LING, GRANT R	elete LE POINT PLACE, SUITE 150 20151 US	Title: Name: Address: City-St-Zip:	D/T (X) Change ( ) Addition LING, GRANT R BOOTHS PARK, CHELFORD ROAD, KNUTSFORD CHESHIRE, ENGLAND, XX WA16 8QZ UK	
Title: Name: Address: City-St-Zip:	VLASTARIS, NICH	PARK DRIVE, SUITE 700	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DELMASTRO, TH ONE PLYMOUTH	elete OMAS MEETING, SUITE 850 TING, PA 19462 US	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition JINKS, A. ROGER ONE PLYMOUTH MEETING, SUITE 850 PLYMOUTH MEETING, 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:	SPIER, LEANNE	elete PARKWAY, SUITE 500 084 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 04/04/2008