2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V01715

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: NATIONAL VENTURES, INC.

Current Principal Place of Business:

FILED Apr 23, 2003 Secretary of State

New Principal Place of Business:

	H ST. NORTH ATER, FL 33760					
Current Mailing Address:				New Mailing Address:		
36 TORONTO STREET #300				36 TORONTO STREET, ATTN: G.R. GERRISH #300		
TORONTO, ONTARIO, CANADA, M5C2C5				TORONTO, ONTARIO, CANADA, ON M5C2C5 CA		
FEI Number:	59-3097482 FI	El Number Applied For()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT PLANTATI The above	,	RD. US	urpose of	changing i	ts registere	ed office or registered agent, or both,
SIGNATUR	RE:					
	Electronic S	ignature of Registered Age	nt			Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Dele JANSON, P. 36 TORONTO STRE TORONTO, ONTARI	ET , #300		Title: Name: Address: City-St-Zip:		(X) Change () Addition DN, LASSE ITO STREET, SUITE 300 , ONTARIO, CANADA, ON M5C2C5 CA
Title: Name: Address: City-St-Zip:	D () Dele SETTIAGE, R. 10108-32 AVE. W., EVERETT, WA 982	BLDG. C3, SUITE A2		Title: Name: Address: City-St-Zip:	1633 BRO	(X) Change()Addition MITCHELL W ADWAY, 24TH FLOOR K, NY 10019-670
Title: Name: Address: City-St-Zip:	D () Dele HANSEN, L. 3232 WEST VIRGIN PHOENIX, AZ 8500	IA AVE.		Title: Name: Address: City-St-Zip:		(X) Change () Addition GER 1OUTH MEETING, SUITE 850 H MEETING, PA 19462-130

I hereby certify that the information supplied with this filing does not qualify for the 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 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

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHARINE F. BRAID SD 04/23/2003

() Delete

() Delete

36 TORONTO STREET, SUITE 300

() Delete

36 TORONTO STREET, SUITE 300

TORONTO, ONTARIO, CANADA, M5C2C5

TORONTO, ONTARIO, CANADA, M5C2C5

MCCLUSKIE, J.

MCCAW, S.

YEH, F.

4435 E. HOLMES AVE.

MEZA, AZ 852063372

(X) Change () Addition

TORONTO, ONTARIO, CANADA, ON M5C2C5 CA

(X) Change () Addition

TORONTO, ONTARIO, CANADA, ON M5C2C5 CA

(X) Change () Addition

2020 WINSTON PARK DRIVE, SUITE 700

OAKVILLE, ONTARIO, CANADA, ON L6H6X7

36 TORONTO STREET, SUITE 300

36 TORONTO STREET, SUITE 300

YEH, FRANK

LING, GRANT

BRAID, KATHARINE F