2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02769

Address:

City-St-Zip:

8559 HEATHER RUN DR S

JACKSONVILLE, FL 32256

Entity Name: AY VENTURES INC.

FILED Apr 23, 2008 Secretary of State

y		O1120, 1110.			
Current Principal Place of Business:			New Principal Place of Business:		
	HWY 17 SOUTI PARK, FL 320				
Current Mailing Address:			New Mailing Address:		
	IWY 17 SOUTI PARK, FL 320				
FEI Number	: 59-3098209	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	PHILLIP D HWY 17 SOUTI PARK, FL 320				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () YONGE, PHILL 3108 US HWY ORANGE PARK	17 SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ARAMOONIE, E 3108 US HWY ORANGE PARK	17 SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () YONGE, THOM 1541 GRACEW VERO BEACH,	OOD LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ARAMOONIE, A	CREEK UNIT 10E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () ARAMOONIE, J	Delete ASON E	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: PHILLIP D. YONGE D 04/23/2008