2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027711

4388 FLEXER DRIVE

SPRING HILL, FL 34607

Address:

City-St-Zip:

FILED Jan 15, 2007 Secretary of State

Entity Name: TABATHA'S VENTURES, INC.					
Current Pr	incipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
	AL LINE BLVE LL, FL 34607				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 7 ARIPEKA, F					
FEI Number:	80-0096211	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
MATASSA, P.O. BOX 7 ARIPEKA, F	95	US	MATASSA, TABATHA 3176 SHOAL LINE SPRINGHILL, FL 34607	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: RICHARD MATASSA				01/15/2007	
	Electro	nic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MATASSA, TAI 4388 FLEXER SPRING HILL,	DRIVE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MATASSA, RIC 4388 FLEXER SPRING HILL,	DRIVE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SEC (MATASSA, TAI 4388 FLEXER SPRING HILL,	DR.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	PRES (MATASSA, TAI) Delete BATHA L	Title: () Name:	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TABATHA MATASSA PRES 01/15/2007