

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027711

FILED
Sep 04, 2008
Secretary of State

Entity Name: TABATHA'S VENTURES, INC.

Current Principal Place of Business:

3176 SHOAL LINE BLVD.
SPRING HILL, FL 34607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 795
ARIPEKA, FL 34679

New Mailing Address:

FEI Number: 80-0096211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATASSA, TABATHA
3176 SHOAL LINE
SPRINGHILL, FL 34607 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MATASSA, TABATHA L
Address: 4388 FLEXER DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: VP () Delete
Name: MATASSA, RICHARD J
Address: 4388 FLEXER DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: SEC () Delete
Name: MATASSA, TABATHA L
Address: 4388 FLEXER DR.
City-St-Zip: SPRING HILL, FL

Title: PRES () Delete
Name: MATASSA, TABATHA L
Address: 4388 FLEXER DRIVE
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TABATHA MATASSA

OWNE

09/04/2008

Electronic Signature of Signing Officer or Director

_____ Date