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(Ac	idress)				
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Certified Copies	_ Cer	tificates of	Status		
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Special Instructions to	Filing Offic	er:			
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W. P. Verifyer	DCC				



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
	on - must include suffix)
(wante of corporation	m - must menude suria;
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
MARC BURLIN	16
(Name of	Person)
DATA VANTUR	
(Firm/Co	
10697 DEL 1	RIO LR. E. S.
(Add	ress)
LARGO Fl.	33774
(City/State	and Zip code)
For further information concerning this matter, please of	
MARC SURLING at (727) (Name of Person) (Area)	Code & Daytime Telephone Number)
(Name of Person) (Area	Lode & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	1 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) 10-31-2001
5. Der De TUAL
(Date of incorporation)

[Duration: Year corp. will cease to exist or "perpetual") UPON QUAUFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's eignature)

Dense See ATTACHMENT

* 12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman:		<u> </u>	<u></u>
Address:		<u> </u>	
			. <u> </u>
Vice Chairman:			
Address:		<u></u>	<u> </u>
	<u> </u>		
Director:			,
Address:	<u></u>		<u> </u>
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Director:		<u> </u>	TA SE 03
			<u></u>
			29
B. OFFICERS			E U
President:		<u></u>	
Address:		<u> </u>	<u> </u>
Vice President:			·
Address:			The second secon
	<u></u>	<u> </u>	* * <u></u>
Secretary:			
Address:			e same
Freasurer:		<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
			74.4
NOTE: If necessary, you may	attach an addendum to the applicatio	n listing additional officer	s and/or directors.
13	ONS		
(Signature of C	hairman, Vice Chairman, or any offi	cer listed in number 12 of	the application)
/	, ,	14 J	

FILE NUMBER (PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF 29162-2001 Data Ventures Inc. (Name of Corporation) CORPORATION FOR THE FILING PERIOD Nevada το (State of Incorporation) Office Use Only The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is: Incorp Services, Inc. 6075 South Eastern Ave., Suite 1 Las Vegas, Nevada 89119-3146 (702) 866-2500 Phone ° (702) 866-2689 Fax www.incorpservices.com Important. Read instructions before completing and returning this form. 1. Print or type names and addresses either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED 2. If there are additional directors attach a list of them to this form... URGENT: Be forewarned that new increased Secretary of State fees and penalties go into effect on November 1, 2003. If this list is received by incorp prior to November 1, 2003, the fee to file it is \$85.00, however if your list is filed after this date you will be subject to the increased list FILING FEE which is a minimum of \$125.00 in addition to the increased list LATE PENALTY which is \$75.00. Please remit promptly! is this corporation publicly traded? (Document will be rejected if not indicated): 🔲 NO 📋 YES - If Yes, provide EDGAR#: NAME O Marc J. Burling PRESIDENT 111 Zie PO BOX STREET ADDRESS CITY ST 6075 South Eastern Ave., Suite 1 89119-3146 Las Vegas Nevada NAME TITLE(S) SECRETARY Stephanie Beck PO BOX STREET ADDRESS CITY 87 7IP 6075 South Eastern Ave., Suite 1 Las Vegas Nevada 89119-3146 NAME TITLE(S) TREASURER Marc J. Burling PO BOX STREET ADDRESS CITY ST ZIP 6075 South Eastern Ave., Suite 1 Las Vegas Nevada 89119-3146 NAME TITLE(S) DIRECTOR Marc J. Burling PO BOX STREET ADDRESS CITY 6075 South Eastern Ave., Suite I Las Vegas Nevada 89119-3146 NAME TITLE(S) DIRECTOR Stephanie Beck PO BOX STREET ADDRESS CITY ST ZIP 6075 South Eastern Ave., Suite 1 Las Vegas Nevada 89119-3146 NAME TITLE(S) DIRECTOR PO BOX STREET ADDRESS CITY **8**T ZIP deciars, to the bast of my knowledge under pensity of parjury, that the above mentioned entity has complied with the provisions of section 105 of S98 of the 20th special session of the Nevada Legislature. Adjnovyledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Title(s)

Date

August 18, 2003

X Signature of officer



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **DATA VENTURES INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 31, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 22, 2003.

DEAN HELLER Secretary of State

Jan Helle

Ву

Certification Clerk