


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 453093**

1. Entity Name  
**VENTURE CAPITAL MANAGEMENT CORPORATION**



Principal Place of Business <b>80 EMERALD COURT PO BOX 2626 SATELLITE BEACH, FL 32937</b>	Mailing Address <b>80 EMERALD COURT PO BOX 2626 SATELLITE BEACH, FL 32937</b>
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04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1549286</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAY, HENRY L., JR  
211 NE 1ST ST.  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>VPD</b>	NAME <b>ADAMS, ALEXANDRA M</b>
STREET ADDRESS <b>80 EMERALD CT</b>	CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>
TITLE <b>PD</b>	NAME <b>ADAMS, ROBERT A</b>
STREET ADDRESS <b>80 EMERALD COURT</b>	CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>
TITLE <b>STD</b>	NAME <b>ADAMS, ANTONINA M</b>
STREET ADDRESS <b>80 EMERALD CT</b>	CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/08/08-80073-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert A. Adams PRESIDENT. ROBERT A. ADAMS 4-18-08 321-258-9237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #