2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 716895

Entity Name: VENICE VIKINGS INC

Current Principal Place of Business:

1001 PINEBROOK ROAD
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1702
VENICE, FL 34284

New Mailing Address:

FEI Number: 23-7368554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARRY, JULIE
247 LOYOLA RD
VENICE, FL 34293 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEWITT, STEVE
Address: 9048 FALCON CT
City-St-Zip: VENICE, FL 34293

Title: S ( ) Delete
Name: KOT, KIM
Address: 4415 SINTINA CT
City-St-Zip: VENICE, FL 34293

Title: VP ( ) Delete
Name: FLERLAGE, NICK
Address: 645 APALACHICOLA RD
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete
Name: SCARRY, JULIE
Address: 247 LOVOLA RD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEWITT, STEVE
Address: 314 DORCHESTER RD
City-St-Zip: VENICE, FL 34293

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

Title: VP (X) Change ( ) Addition
Name: THINNES, JAY
Address: 11867 GRANITE WOODS LOOP
City-St-Zip: VENICE, FL 34292

Title: T (X) Change ( ) Addition
Name: SCARRY, JULIE
Address: 247 LOYOLA RD
City-St-Zip: VENICE, FL 34293

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SCARRY MRS 01/13/2009

Electronic Signature of Signing Officer or Director — Date