2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 A **Secretary of State**

DOCU	MENT	#	F79	143

Entity Name

VENTURE INVESTMENT BANKING, INC.

Principal Place of Business Mailing Address 201 S. BISCAYNE BOULEVARD 201 S. BISCAYNE BOULEVARD 1500 MIAMI CENTER STE 1500(RJS) 1500 MIAMI CENTER STE 1500(RJS) MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P CB2E034 (10/03) 04122005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2361416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI DO NOT WRITE 201 SOUTH BISCAYNE BOULEVARD 1500 MIAMI CENTER STE 1500(RJS) IN THIS SPACE MIAMI, FL 33131 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE Registered Agent algorithm required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10, BILE NAME SCHADE, PETER J. STREET ADDRESS 201 S. BISCAYNE BOULEVARD STE 1500(RJS) CITY ST-ZIP MIAMI, FL 33131 TITLE SCHADE, PETER J. MAZE STREET ADDRESS 201 S. BISCAYNE BOULEVARD STE 1500(RJS) U00000316219 C11Y-S1-21P MIAMI, FL 33131 134/19/05-80066-804 150:00 TITLE NAME STREET ADDRESS DO NOT WRITE CHY-S1-ZIP IN THIS SPACE MYLE STREET ADDRESS CRY-ST-2IP mu NAME STREET ADDRESS CHY-SE-ZIP mit NAME STREET AUDRESS CnY-S3-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ke empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR