


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 037 ***150.00

DOCUMENT # 453093	
1. Entity Name VENTURE CAPITAL MANAGEMENT CORPORATION	

Principal Place of Business 80 EMERALD COURT PO BOX 2626 SATELLITE BEACH, FL 32937	Mailing Address 80 EMERALD COURT PO BOX 2626 SATELLITE BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE

40079438



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1549286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, ALEXANDRA M 80 EMERALD CT SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, ROBERT A 80 EMERALD COURT SATELLITE BCH, FL 00000, 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP ADAMS, ANTONINA M. 80 EMERALD COURT SATELLITE BEACH, FL 32937
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

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: <u>Robert A. Adams, PRESIDENT.</u>	ROBERT A. ADAMS	4.15.07	321-258-9237
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>