


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90016 041 ****61.25

DOCUMENT # 714879	
1. Entity Name VENETIAN ISLE, INC.	

Principal Place of Business 4000 GULF SHORE BLVD. N. NAPLES FL 33940-3428	Mailing Address C/O MELDON CONSULTANTS 4949 TAMiami TRL N. STE 201 NAPLES FL 34103-3017
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1738781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, WILLIAM S. C/O MELDON CONSULTANTS 4949 TAMiami TRL N. STE 201 NAPLES FL 34103-3017	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP KLOBE, ARTHUR H 4000 GULF SHORE BLVD. N. #3300 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT MERZ, DONALD 4000 GULF SHORE BLVD N #2800 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS DIANE KREAGER 4000 GULF SHORE BLVD N #2500 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP KREAGER, DIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Delete NOVAK, VILMA 4000 GULF SHORE BLVD N. #1700 NAPLES FL 34103	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS COUTURE, JOHANNE 4000 GULF SHORE BLVD. N. # 1200 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP <input checked="" type="checkbox"/> Delete DONLAN, JOHN M 4000 GULF SHORE BLVD., #2200 NAPLES FL 34103	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT RUST, FREDRIC 4000 GULF SHORE BLVD. N. # 2700 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Diane Kreager, DIANE KREAGER 4/27/07 239-261-3434