


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 80 EMERALD COURT PO BOX 2626 SATELLITE BEACH, FL 32937	Mailing Address 80 EMERALD COURT PO BOX 2626 SATELLITE BEACH, FL 32937	



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1549286	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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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05/06/08-80073-018 150.00

**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: 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 #