


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 047 ***150.00

DOCUMENT # 249673			
1. Entity Name VENICE ARMS, INC.			
Principal Place of Business 1810 VENICE PARK DRIVE NORTH MIAMI FL 33181		Mailing Address 1810 VENICE PARK DRIVE NORTH MIAMI FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-0997227		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		7. Name and Address of New Registered Agent	
DUMONT, MADELEINE 1820 VENICE PARK DRIVE #101 NORTH MIAMI FL 33181		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 \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T <input type="checkbox"/> Delete	DUMONT, MADELINE 1820 VENICE PARK DRIVE #101 NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> Delete	MOLNAR, TOMMY 1820 VENICE PARK DRIVE #201 NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P <input type="checkbox"/> Delete	LAROCHELLE, PIERRE 1810 VENICE PARK DRIVE #106 NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S <input checked="" type="checkbox"/> Delete	HEDENGREN, MARITA 1810 VENICE PARK DRIVE #109 NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition	S JERRY HILLAD 1820 VENICE PARK DR #103 NORTH MIAMI FL 33181
D <input checked="" type="checkbox"/> Delete	HEDENGREN, RALPH 1820 VENICE PARK DRIVE #106 N. MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D LEN DALHOGREN 1810 VENICE PARK DR. # 212 N. MIAMI FL. 33181
AS <input checked="" type="checkbox"/> Delete	SJOHOLM, ANITA 1810 VENICE PARK DRIVE #207 NORTH MIAMI FL 33181	<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 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: M. Dumont MADELEINE DUMONT MARCH 2/2006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-25-2006 Daytime Phone #