2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249673

Entity Name: VENICE ARMS, INC.

FILED Jan 23, 2009 Secretary of State

That is the property of the pr				
Current Principal Place of Business:			New Principal Place of Business:	
	CE PARK DRIV AMI, FL 33181	E		
Current Mailing Address:			New Mailing Address:	
1810 VENICE PARK DRIVE NORTH MIAMI, FL 33181				
FEI Number:	59-0997227	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
1810 VENI	AROCHELLE CEPARK DRIVI AMI, FL 33181	E#108 US		
The above in the State		ubmits this statement for the purpose o	of changing it	s registered office or registered agent, or both,
SIGNATUR	RE:			
		Signature of Registered Agent		Date
Election Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ()E HEDENGREN, RA 1820 VENICE PA NORTH MIAMI, F	RK DR #106	Title: Name: Address: City-St-Zip:	P/T (X) Change () Addition LAROCHELLE, PIERRE 1810 VENICE PARK DR #108 NORTH MIAMI, FL 33181
Title: Name: Address: City-St-Zip:	P ()[MOLNAR, TOMM 1820 VENICE PA NORTH MIAMI, F	RK DRIVE #201	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MOLNAR, TOMMY 1820 VENICE PARK DRIVE #201 NORTH MIAMI, FL 33181
Title: Name: Address: City-St-Zip:	P ()[LAROCHELLE, F 1810 VENICE PA NORTH MIAMI, F	RK DRIVE #106	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition KOHLER, HERMAN 1820 VENICE PARK DRIVE #202 NORTH MIAMI, FL 33181
Title: Name: Address: City-St-Zip:	S () [HILAD, JERRY 1880 VENICE PK NORTH MIAMI, F		Title: Name: Address: City-St-Zip:	S (X) Change () Addition SJOHOLM, ANITA 1820 VENICE PK DR, # 207 NORTH MIAMI, FL 33181
Title: Name: Address: City-St-Zip:	D () E DALHGREN, LEN 1810 VENICE PK NORTH MIAMI, F	CDR, # 212	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition DALHGREN, LEN 1810 VENICE PK DR, # 212 NORTH MIAMI, FL 33181
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HEDENGREN, RALPH 1820 VENICE PK DR, # 106 NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE LAROCHELLE P/S 01/23/2009