2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

City & State

DOCUMENT #306306

2. Principal Place of Business - No P.O. Box #

-Country

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

WILLIAMS, PAM

1005 S 11TH STREET

FT.PIERCE, FL 34950

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

1. Entity Name VEN-WIN, INC.

Principal Place of Business

1203 S 11TH STREET

FT PIERCE, FL 34950

Suite, Apt. #, etc.

City & State

WILLIAMS, PAM

1005 S 11TH STREET FT PIERCE, FL 34950

DP

Zip

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ANDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90190 047 ***150.00 4000031 **1203 S 11TH STREET** FT PIERCE, FL 34950 US 3. Mailing Address Suite, Apt. #, etc. 02222008 Cha-P CR2E034 (12/06) 4. FEI Number Applied For 59-1423008 Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY- ST - ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP

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 impowered.

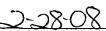
TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete



Daytime Phone 4

☐ Change

☐ Addition