


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90088 009 ****61.25

DOCUMENT # 703911	
1. Entity Name THE VENICE LITTLE THEATRE, INC.	

Principal Place of Business 140 WEST TAMPA, AVE VENICE, FL 34285	Mailing Address 140 WEST TAMPA, AVE VENICE, FL 34285
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4000000000



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-6005807	Applied For Not Applicable
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHASE, JAMES M. 3470 GULF LANE ROTONDA, FL 33947		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOVER, NANCY			NAME			
STREET ADDRESS	421 ARMADA S			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, TIFFANY			NAME			
STREET ADDRESS	421 HUNT RIDGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAUT, KEVIN			NAME			
STREET ADDRESS	1103 DERIAN PL			STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS, FL 34275			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVETT, JIM			NAME			
STREET ADDRESS	344 LAKE ROAD			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMRUCK, EARL			NAME			
STREET ADDRESS	8569 ESTATES DR			STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT, FL 34286			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTS, LAUDIN			NAME			
STREET ADDRESS	304 TORTUGA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS, FL 34275			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 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: _____ *[Signature]* _____ *[Date]* _____ *[Daytime Phone #]*