2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003700

Entity Name: VENTRAQ CORPORATION

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
704 QUINCE ORCHARD RD SUITE 100 GAITHERSBURG, MD 20878 US					
Current Mailing Address:			New Mailing Address:		
SUITE 100	E ORCHARD RE BURG, MD 2087				
FEI Number:	52-1283030 F	El Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COBT () Del JIMENEZ, GEORGI 704 QUINCE ORCH GAITHERSBURG, M	E T IARD RD.	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition TRUDEAU, MARK 817 EAST GATE DRIVE, SUITE 101 MOUNT LAUREL, NJ 08054	
Title: Name: Address: City-St-Zip:	CFO () Del DELMAR, STEVEN 704 QUINCE ORCH GAITHERSBURG, M	IARD RD	Title: Name: Address: City-St-Zip:	VPCF (X) Change () Addition KOEHNE, JEFF 15 FISHER ROAD, SUITE 201 PITTSFORD, NY 14534	
Title: Name: Address: City-St-Zip:	S () Del RIVERS, LORETTA 704 QUINCE ORCH GAITHERSBURG, M	L IARD RD	Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition DUBNIK, STEVE 15 FISHERS ROAD, SUITE 201 PITTSFORD, NY 14534	
Title: Name: Address: City-St-Zip:	D () Del WETZEL, GILBERT 704 QUINCE ORCH GAITHERSBURG, M	A HARD TD	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DICKENS, KEVIN 15 FISHERS ROAD, SUITE 201 PITTSFORD, NY 14534, NY 14534	
Title: Name: Address: City-St-Zip:	CEO (X) De GREENWALL, JAM 704 QUINCE ORCH GAITHERSBURG, N	ES W IARD RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	D (X) De CASNER, PAUL 704 QUINCE ORCH	IARD RD	Title: Name: Address:	() Change () Addition	

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: LYNN M. ADAMS SRBS 04/20/2009