

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90561 002 \*\*\*158.75

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<b>DOCUMENT # F97000004326</b> 1. Entity Name <b>VENICE RESOURCES, INC.</b>					
Principal Place of Business <b>C/O MEDICAL RESOURCES, INC.</b> <b>1455 BROAD ST., 4TH LEGAL DEPT.</b> <b>BLOOMFIELD, NJ 07003</b>			Mailing Address <b>C/O MEDICAL RESOURCES, INC.</b> <b>1455 BROAD ST., 4TH LEGAL DEPT.</b> <b>BLOOMFIELD, NJ 07003</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>C/O CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCABE, DAVID M		NAME		
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOYCE, CHRISTOPHER J		NAME	PD	
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS	D. Gordon Strickland	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP	1455 Broad Street, 4 <sup>th</sup> Floor	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLA, JOHN		NAME		
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASKADON, MARY		NAME		
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP		
TITLE	AS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, LYNN A		NAME		
STREET ADDRESS	1455 BROAD ST., 4TH FLR.		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD, NJ 07003		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <b>John Valla Vice President</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					