

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005209

Entity Name: VENTURE PROGRAMS, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1301 WRIGHTS LANE EAST
SUITE 100
WEST CHESTER, PA 19380

New Principal Place of Business:

Current Mailing Address:

1301 WRIGHTS LANE EAST
SUITE 100
WEST CHESTER, PA 19380

New Mailing Address:

FEI Number: 23-2865905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HARVEY, PHILIP J
Address: 743 PROVIDENCE ROAD
City-St-Zip: MALVERN, PA 19355

Title: VP () Delete
Name: DOLCE, JOSEPH
Address: 867 CHANDLER DRIVE
City-St-Zip: WEST CHESTER, PA 19382

Title: SD () Delete
Name: HARVEY, ELIZABETH
Address: 743 PROVIDENCE ROAD
City-St-Zip: MALVERN, PA 19355

Title: T () Delete
Name: LAND, TINA K
Address: 200 CAPTAIN ROBINSON DRIVE
City-St-Zip: AVONDALE, PA 19311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILIP J. HARVEY

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date