2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2007 08:00 AM **DOCUMENT # G28502 Secretary of State** 1. Entity Name VENCO, INC. Principal Place of Business Mailing Address 14811 NW 140TH ST PO BOX 142290 ALACHUA, FL 32615 GAINESVILLE, FL 32614-2290 US 04192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2764990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BINGHAM, MARVIN W JR DO NOT WRITE 14811 NW 140TH ST ALACHUA, FL 32615 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigniture required when reinetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WYSZKOWSKI, LEON NAME STREET ADDRESS 5745 SW 75TH ST #332 CITY-ST-7/P GAINESVILLE, FL 326142290 TITLE U00000723648 NAME WYSZKOWSKI, ELENA M 05/02/07-80080-011 158.75 STREET ADDRESS 5745 SW 75TH ST #332 CITY-ST-ZIP GAINESVILLE, FL 326142290 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 attachryent with an addyess, with all other like empowered.

SIGNATURE: Im

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Leon Wyszkowski, Pres. ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2007

(352) 332-9944

Date

Devema Phone #