


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M44424
 1. Entity Name
VENMARK OF FLORIDA, INC.



Principal Place of Business C/O JAMES A. MOLANS 5901 S.W. 74TH STREET, #400 SOUTH MIAMI, FL 33143	Mailing Address C/O JAMES A. MOLANS 5901 S.W. 74TH STREET, #400 SOUTH MIAMI, FL 33143
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2826161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLANS, JAMES A.
 5901 SW 74TH ST
 #400
 S MIAMI, FL 33143**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLECHINGBERG, YOLANDA 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BLECHINGBERG, THOMAS 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLECHINGBERG, WILLIAM D 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MOLANS, JAMES A. 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SICHEL, VIVIAN 14719 CLARENDON DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 03/25/06-80007-015 150.00

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 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.

SIGNATURE: Yolanda Blechingberg **YOLANDA BLECHINGBERG** 03-09-06 813-264-7142
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #