


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 DEC -6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

DOCUMENT # N00000003336	
1. Entity Name VENICE INDEPENDENT PARTICIPANTS INC.	

Principal Place of Business 1697 S. TAMiami VENICE, FL 34293	Mailing Address 1697 S. TAMiami VENICE, FL 34293
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2. Principal Place of Business 4149 S. TAMiami Suite, Apt. #, etc. # 23	3. Mailing Address 4149 S. TAMiami Suite, Apt. #, etc. # 23
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City & State VENICE, FL	City & State Venice, FL
Zip 34293	Zip 34293
Country USA	Country USA



12012006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-1021529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FINGER, SANDRA K 1697 S. TAMiami TRAIL VENICE, FL 34293	7. Name and Address of New Registered Agent Name: SANDRA K. FINGER Street Address (P.O. Box Number is Not Acceptable) 4149 S. TAMiami TRAIL #23 City: Venice FL Zip Code: 34293
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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: *Sandra K. Finger* DATE: 12-1-6

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDER, JODI 125 CORPORATION WAY, UNIT C VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT INTERIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TONY TOMASO 4149 S. TAMiami TRAIL #23 Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINGER, SANDRA 1697 S. TAMiami TRAIL VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082328664 12/06/06--01059--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete BALLEW, CARRIE PO BOX 1905 VENICE, FL 34284	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Sandra K. Finger* DATE: 12-1-6 DAYTIME PHONE: 493-4126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR