

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006047

FILED
Apr 11, 2007
Secretary of State

Entity Name: VICTORY ENTERPRISES AND VENTURES, INC.

Current Principal Place of Business:

4757 NORTH AUSTRALIAN AVENUE
APT 108
WEST PALM BEACH, FL 334072317

New Principal Place of Business:

Current Mailing Address:

4757 NORTH AUSTRALIAN AVENUE
APT 108
WEST PALM BEACH, FL 334072317

New Mailing Address:

FEI Number: 20-0240033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DECICCO, TRINEA NICHOL
4757 NORTH AUSTRALIAN AVENUE
APT 108
WEST PALM BEACH, FL 334072317 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECICCO, TRINEA NICHOL
Address: 4757 NORTH AUSTRALIAN AVE., APT 108
City-St-Zip: WEST PALM BEACH, FL 334072317

Title: CEO () Delete
Name: WILLIAMS, HAYWOOD N
Address: 4757 NORTH AUSTRALIAN AVE., APT 108
City-St-Zip: WEST PALM BEACH, FL 334072317

Title: D () Delete
Name: HEWITT, JOSIANE A
Address: 4757 NORTH AUSTRALIAN AVE., APT 108
City-St-Zip: WEST PALM BEACH, FL 334072317

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRINEA NICHOL DECICCO

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date