2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006047

FILED May 01, 2009 Secretary of State

Entity Name: VICTORY ENTERPRISES AND VENTURES, INC.

Current Principal Place of Business: New Principal Place of Business:

700 OLD DIXIE HIGHWAY #204UE 844 DATE PALM DRIVE LAKE PARK, FL 33403 LAKE PARK, FL 33403

Current Mailing Address: New Mailing Address:

700 OLD DIXIE HIGHWAY #204UE 844 DATE PALM DRIVE LAKE PARK, FL 33403 LAKE PARK, FL 33403

FEI Number: 20-0240033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DECICCO, TRINEA NICHOL
700 OLD DIXIE HIGHWAY #204UE
LAKE PARK, FL 33403 US

DECICCO, TRINEA NICHOL
844 DATE PALM DRIVE
LAKE PARK, FL 33403 US

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: TRINEA NICHOL DECICCO 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 DECICCO, TRINEA NICHOL
 Name:
 DECICCO, TRINEA NICHOL

 Address:
 700 OLD DIXIE HIGHWAY #204UE
 Address:
 844 DATE PALM DRIVE

 City-St-Zip:
 LAKE PARK, FL 33403
 City-St-Zip:
 LAKE PARK, FL 33403 US

Title: () Delete Title: (X) Change () Addition HEWITT-ANDERSON, JOSIANE Name: HEWITT-ANDERSON, JOSIANE Name: Address: 700 OLD DIXIE HIGHWAY #204UE Address: 844 DATE PALM DRIVE City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: LAKE PARK, FL 33403 US

Title: S () Delete Title: S () Change (X) Addition

 Name:
 Name:
 DRUMMOND, ANTONETTE

 Address:
 Address:
 844 DATE PALM DRIVE

 City-St-Zip:
 City-St-Zip:
 LAKE PARK, FL 33403 US

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 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 05/01/2009