2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000012964

Entity Name: VENICE VIPERS, INC.

Current Principal Place of Business:

444 AVALON RD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

444 AVALON RD
VENICE, FL 34293

New Mailing Address:

FEI Number: 22-3950009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINN, ANGELA
444 AVALON RD
VENICE, FL 34293 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: QUINN, ANGELA
Address: 444 AVALON RD
City-St-Zip: VENICE, FL 34293

Title: VP ( ) Delete
Name: QUINN, MICHAEL
Address: 444 AVALON RD
City-St-Zip: VENICE, FL 34293

Title: S ( ) Delete
Name: FRIEL, TAMMY
Address: 2831 YACOLT AVE
City-St-Zip: NORTH PORT, FL 34286

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 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: MICHAEL QUINN VP 04/30/2008

Electronic Signature of Signing Officer or Director — Date