2006_NQT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 08, 2006 8:00 am Secretary of State DOCUMENT # N40166 1. Entity Name 05-08-2006 90288 019 ****61.25 VENICE AREA BEAUTIFICATION, INC. Principal Place of Business Mailing Address 597 TAMIAMI TRAIL SOUTH 597 TAMIAMI TRAIL SOUTH VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address 257 Tamiami Trail No 257 TamiamiTrail No. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0223440 Venice enice Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Skinner, Ernest C PETERSON, LIZ Street Address (P.O. Box Number is Not Acceptable) 333 5. Tamiami Trail 248 S NOKOMIS AVE VENICE FL 34285 Suite 257 Zip Code Venice 34289 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ₽ 0 TITLE ☐ Delete THLE ☐ Change Addition Fred Hind 1419 Gleneagles Dr. Venice, FL 34292 REDMAN, TERRY NAME NAMI 1630 BRIDGE ST STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition Don Hay 106 Woodingham Dr. PETERSON, LIZ NAME NAME STREET ADDRESS 248 NOKOMIS AVENUE SOUTH STREET ADDRESS VENICE FL 34285 Venice, FL 34292 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME HAMMETT, FRED NAME 704 VALENCIA RD STREET ADDRESS STREET ADDRESS VENICE FL 24285 CITY-ST-ZIP CITY-ST-7/P TITLE. ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 sufficient process.

4/128/06

488-2236

FILED