2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021424

Entity Name: VENTURE MEDICAL REQUIP, INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6008 BONACKER DRIVE TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 6008 BONACKER DRIVE TAMPA, FL 33610 FEI Number: 59-3632787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRITCHARD, JOHN CII 2302 KENWICK DR. US VALRICO, FL 33594 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 Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete PRITCHARD, CATHY L Name:

4219 MOORES LAKE ROAD Address:

City-St-Zip: **DOVER, FL 33527**

City-St-Zip:

Title: () Delete Name: PRITCHARD, JOHN C II 2302 KENWICK DR. Address: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS (X) Change () Addition

PRITCHARD, CATHY L Name: 4219 MOORES LAKE ROAD Address:

City-St-Zip: DOVER, FL 33527

Title: (X) Change () Addition

Name: PRITCHARD, JOHN C II Address: 2302 KENWICK DR. VALRICO, FL 33594 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PRITCHARD CEO 04/18/2007