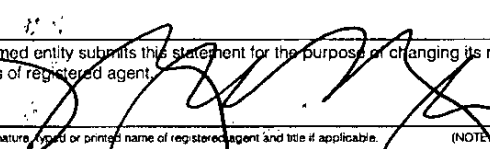
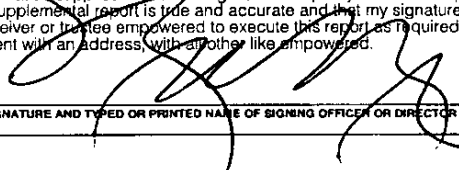


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 022 ***150.00

DOCUMENT # P02000035828 1. Entity Name BUILDCO OF VENICE, INC.					
Principal Place of Business 333 S. TAMiami TRAIL, STE 101 VENICE, FL 34285			Mailing Address 333 S. TAMiami TRAIL, STE 101 VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail Suite, Apt. #, etc. Suite 203		3. Mailing Address 333 South Tamiami Trail Suite, Apt. #, etc. Suite 203			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 01-0659683	
Zip 34285		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 South Tamiami Trail, Suite 203 City Venice FL Zip Code 34285	
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. SIGNATURE  DATE 5/1/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL W 333 S. TAMiami TRAIL, STE 101 VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, TIM 333 S. TAMiami TRAIL, STE 101 VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, JAYNE E 333 S. TAMiami TRAIL, STE 101 VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE:  DATE 5/1/08 DAYTIME PHONE # 9444 1651 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					