2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074436

Entity Name: VENNLOGIC, INC

FILED Jun 29, 2009 Secretary of State

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

162 MOUNT ROYAL AVENUE 162 MOUNT ROYAL AVENUE WELAKA, FL 32193 CRESCENT CITY, FL 32112

Current Mailing Address: New Mailing Address:

P.O. BOX 620 162 MOUNT ROYAL AVENUE WELAKA, FL 32193 CRESCENT CITY, FL 32112

FEI Number: 20-0078164 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:

COLARUSSO, SHERRY COLARUSSO, SHERRY 162 MOUNT ROYAL AVENUE 162 MOUNT ROYAL AVENUE WELAKA, FL 32193 CRESCENT CITY, FL 32112 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: SHERRY COLARUSSO 06/29/2009

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRFS () Delete COLARUSSO, SHERRY

Name: P.O. BOX 620 Address: City-St-Zip: WELAKA, FL 32193

Title: VΡ () Delete COLA RUSSO, JOHN A JR Name:

POB 620 Address:

WELAKA, FL 32193 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS (X) Change () Addition

COLARUSSO, SHERRY Name: 162 MT. ROYAL AVENUE Address: CRESCENT CITY, FL 32112 City-St-Zip:

Title: VΡ (X) Change () Addition

COLARUSSO, JOHN A JR Name: Address: 162 MT. ROYAL AVENUE CRESCENT CITY, FL 32112 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY COLARUSSO **PRES** 06/29/2009