

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000123310

Entity Name: VENETIAN VISION INC.

FILED
Oct 14, 2007
Secretary of State

Current Principal Place of Business:

5727 WINKLER RD
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5727 WINKLER RD
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 75-3165329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWRYLIAK, NICHOLAS
5727 WINKLER RD
FORT MYERS, FL 33919 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: NICHOLAS HAWRYLIAK

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: P () Delete
Name: HAWRYLIAK, NICHOLAS
Address: 5727 WINKLER RD
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: YEARTER, THEODORE M
Address: 1707 PARK MEADOWS DRIVE
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS HAWRYLIAK

P

10/14/2007

Electronic Signature of Signing Officer or Director

Date