

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006366

Entity Name: VENVEST BALLARD, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

%CLOCKWORK, PLAZA FIVE POINTS
50 CENTRAL AVENUE, SUITE 920
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

%CLOCKWORK, PLAZA FIVE POINTS
50 CENTRAL AVENUE, SUITE 920
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-2159110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
SARASOTA, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ABRAMS, JAMES D
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: CFO () Delete
Name: GRABOWSKI, PETER C JR.
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: VPS () Delete
Name: MCCANE, KERRY D
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: AS () Delete
Name: MILHORN, GATHA K
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: BALLARD, MARK
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ABRAMS, JAMES D
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: PTS (X) Change () Addition
Name: SHIPMAN, KEN
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: AS (X) Change () Addition
Name: GRABOWSKI, PETER C JR.
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

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: PETER C. GRABOWSKI, JR.

AS

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date