

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014270

Entity Name: VENVEST CONTINENTAL, INC.

FILED
Apr 15, 2008
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: 20-2240166

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

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

Title: S () Delete
Name: BECKMANN, ROBERT F
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: MYERS, PATRICIA A
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: KERRY DELAY MCCANE

VPS

04/15/2008

Electronic Signature of Signing Officer or Director

Date