2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022973

FILED Aug 08, 2006 Secretary of State

Entity Nar	me: VENUES	MART CORPORATION			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
322 CASSIA DR DAVENPORT, FL 33897			66 PINE FOREST HAINES CITY, FL		
Current M	lailing Addres	s:	New Mailing Add	New Mailing Address:	
322 CASSIA DR DAVENPORT, FL 33897				66 PINE FOREST DR HAINES CITY, FL 33844	
FEI Number:	: 01-0872359	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and	Address of C	Surrent Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
MAZZELLA 322 CASSI DAVENPC		US	66 PINÉ FOREST	JOENS, ROBERT 66 PINE FOREST DR HAINES CITY, FL 33844 US	
	named entity se of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE: ROBERT	C. JOENS		08/08/2006	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car		3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). TORS:	•	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () JOENS, ROBER 66 PINE FOREI HAINES CITY, R	EST DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ACEVEDO, ERI 75 BATTLER S' ORLANDO, FL	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () MAZZELLA, RC 322 CASSIA DF DAVENPORT, F	₹	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT PTD 08/08/2006