2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022973

City-St-Zip:

DAVENPORT, FL 33897

Entity Name: VENUE SMART CORPORATION

FILED Apr 02, 2007 Secretary of State

Current Principal Place	of Business:	New Principal Place o	New Principal Place of Business:	
66 PINE FOREST DR HAINES CITY, FL 33844				
Current Mailing Address:		New Mailing Address:		
66 PINE FOREST DR HAINES CITY, FL 33844				
FEI Number: 01-0872359	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
JOENS, ROBERT 66 PINE FOREST DR HAINES CITY, FL 33844	US			
The above named entity s in the State of Florida.	ubmits this statement for the բ	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electroni	c Signature of Registered Ag	ent	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DAVENPORT, FL 33897

Title: () Delete Title: (X) Change () Addition JOENS, ROBERT JOENS, ROBERT Name: Name: 66 PINE FOREEST DR 66 PINE FOREEST DR Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844 Title: VD () Delete Title: (X) Change () Addition ACEVEDO, ERIC ACEVEDO, ERIC Name: Name: Address: 75 BATTLER ST Address: 75 BATTLER ST City-St-Zip: ORLANDO, FL 32828 ORLANDO, FL 32828 City-St-Zip: Title: Title: VSD () Delete (X) Change () Addition Name: MAZZELLA, ROCCO Name: MAZZELLA, ROCCO 322 CASSIA DR Address: 322 CASSIA DR Address:

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.

City-St-Zip:

SIGNATURE: ROCCO MAZZELLA 04/02/2007 ٧