

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045374

Entity Name: VENETIAN MASTERS, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

1419 LOMA LINDA DR.
FT MYERS, FL 33919

New Principal Place of Business:

509 SE 30TH TERRACE
CAPE CORAL, FL 33904 US

Current Mailing Address:

1419 LOMA LINDA DR.
FT MYERS, FL 33919

New Mailing Address:

509 SE 30TH TERRACE
CAPE CORAL, FL 33904 US

FEI Number: 20-4453734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, TIMOTHY P
1419 LOMA LINDA DR.
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

SCHNEIDER, TIMOTHY P
509 SE 30TH TERRACE
CAPE CORAL, FL 33904 US

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: TIMOTHY PAUL SCHNEIDER

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHNEIDER, TIMOTHY P
Address: 1419 LOMA LINDA DR.
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHNEIDER, TIMOTHY P
Address: 509 SE 30TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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: TIMOTHY PAUL SCHNEIDER

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date