2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000145098

1. Entity Name
VENI, VIDI, VENDI, INC.

66005351

Principal Place of Business	Mailing Address
1995 ARDMOR DRIVE PORT ORANGE, FL 32128	1995 ARDMOR DRIVE PORT ORANGE, FL 32128
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite. Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01272006   Chg-P   CR2E034 (11/05)

4. FEI Number 04-3831067   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAMEL, DEBRA L
1995 ARDMOR DRIVE
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City _____ FL   Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LIEB, GEORGE J STREET ADDRESS 1700 NORTH ATLANTIC AVENUE CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME GAMEL, DEBRA L STREET ADDRESS 1995 ARDMOR DRIVE CITY-ST-ZIP PORT ORANGE, FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Debra L. Gamel_   DEBRA L. GAMEL   1/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

VENI, VIDI, VENDI, INC.
1995 ARDMOR DRIVE
PORT ORANGE, FL 32128

Subject: **VENI, VIDI, VENDI, INC.**

Reference Number: **P05000145098**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION