2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018790

Name:

Address:

City-St-Zip:

KOLTERMAN, KRISTI

1938 S, TAMIAMI TR

VENICE, FL 34293

Entity Name: FANTASIES OF VENICE, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1938 S TA VENICE, F					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	S HWY 3L PMB #63 ARLOTTE, FL	33980			
FEI Number:	: 65-0580231	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	named entity : e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () KOLTERMAN, I 1938 S. TAMIA VENICE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () KOLTERMAN, I 1938 S, TAMIA VENICE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMOND KOLTERMAN P 04/30/2008