

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000013860**

1. Entity Name  
**THE VENUS PROJECT, INC.**



Principal Place of Business

**21 VALLEY LANE  
 VENUS, FL 33960**

Mailing Address

**21 VALLEY LANE  
 VENUS, FL 33960**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0563957** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MEADOWS, ROXANNE  
 21 VALLEY LANE  
 VENUS, FL 33960**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (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

TITLE	D
NAME	FRESCO, JACQUE
STREET ADDRESS	21 VALLEY LANE
CITY - ST - ZIP	VENUS, FL 33960
TITLE	D
NAME	MEADOWS, ROXANNE
STREET ADDRESS	21 VALLEY LANE
CITY - ST - ZIP	VENUS, FL 33960
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000423712  
 02/18/06-80019-013 150.00

**DO NOT WRITE  
 IN THIS SPACE**

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 empowerment.

SIGNATURE: Roxanne Meadows PRESIDENT 2-1-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #