

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005900

FILED
Apr 26, 2006
Secretary of State

Entity Name: VENUS PROPERTIES, INC.

Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3569499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGNONE, LOUIS M
3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STELLA, GREGORY J
Address: 3635 S CLYDE MORRIS BLVD/ STE 500
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: AGNONE, LOUIS M
Address: 3635 S CLYDE MORRIS BLVD/ STE 500
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: MOULIS, HARRY
Address: 3635 S CLYDE MORRIS BLVD/ STE 500
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: RICCI, DONATO R
Address: 3635 S CLYDE MORRIS BLVD/ STE 500
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: SLADE, LAWRENCE
Address: 2894 MALIBU COURT
City-St-Zip: DAYTONA BEACH, FL 32128

Title: D () Delete
Name: GAINES, RICHARD
Address: 1110 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUIS M. AGNONE M.D. MED. DIRECTOR

DIR.

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date