

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90314 025 \*\*\*150.00

<b>DOCUMENT # P99000009850</b> 1. Entity Name <b>VENICE H.I. INC.</b>			
Principal Place of Business <b>102 N. SWINTON AVE. DELRAY BEACH, FL 33444</b>		Mailing Address <b>102 N. SWINTON AVE. DELRAY BEACH, FL 33444</b>	
(see change of address below)			
2. Principal Place of Business <b>4700 NW Boca Raton Blvd</b>		3. Mailing Address <b>4700 NW Boca Raton Blvd</b>	
Suite, Apt. #, etc. <b>Suite 104</b>		Suite, Apt. #, etc. <b>Suite 104</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton FL</b>	
Zip <b>334312</b>		Zip <b>334312</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0894446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHWARTZ, ROBERT M PA 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444</b>  (Address change)		7. Name and Address of New Registered Agent Name <b>Robert M. Schwartz PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4700 NW Boca Raton Blvd #104</b>  City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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 <b>ROBERT M. SCHWARTZ</b>		<b>4/12/05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASEY, D. KENT 2718 FAIRMOUNT STREET DALLAS, TX 75201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP LANPHERE, SUE R 2718 FAIRMOUNT STREET DALLAS, TX 75201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Justice, Sue R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.			
SIGNATURE:		<b>4/14/05</b> <b>214981-9300</b> <small>Daytime Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			