
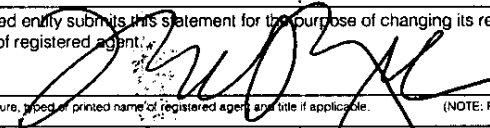
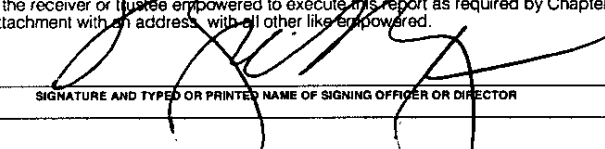


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90111 010 \*\*\*150.00

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # S16984</b><br>1. Entity Name<br><b>VENICE INTERCHANGE CORP.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>333 S TAMiami TRAIL STE 101<br/>VENICE, FL 34285 US</b>  |  |  | Mailing Address<br><b>333 S TAMiami TRAIL STE 101<br/>VENICE, FL 34285 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>333 South Tamiami Trail</b><br><small>Suite, Apt. #, etc.</small><br><b>Suite 203</b><br><small>City &amp; State</small><br><b>Venice, FL</b><br><small>Zip</small><br><b>34285</b>   |  | 3. Mailing Address<br><b>333 South Tamiami Trail</b><br><small>Suite, Apt. #, etc.</small><br><b>Suite 203</b><br><small>City &amp; State</small><br><b>Venice, FL</b><br><small>Zip</small><br><b>34285</b> |  |  |  |
| Country<br><b>US</b>   |  | Country<br><b>US</b>   |  | 4. FEI Number<br><b>65-0233350</b>   |  |
| Applied For<br><input type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MILLER, MICHAEL W.<br/>333 S. TAMiami TRAIL, STE. 101<br/>VENICE, FL 34285</b>   |  |  | 7. Name and Address of New Registered Agent<br><small>Name</small><br><small>Street Address (P.O. Box Number is Not Acceptable)</small><br><b>333 South Tamiami Trail, Suite 203</b><br><small>City</small> <b>Venice</b> <small>FL</small> <small>Zip Code</small> <b>34285</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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <br/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> <b>5/1/08</b><br/> <small>DATE</small> </div> </div> |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | DP<br><b>MILLER, MICHAEL W.<br/>333 S TAMiami TRAIL STE 101<br/>VENICE, FL 34285</b> | <input type="checkbox"/> Delete  | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>333 South Tamiami Trail, Suite 203<br/>Venice, FL 34285</b> |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | VSD<br><b>PARRISH, JAYNE E<br/>333 S TAMiami TRAIL STE 101<br/>VENICE, FL 34285</b>  | <input type="checkbox"/> Delete  | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>333 South Tamiami Trail, Suite 203<br/>Venice, FL 34285</b> |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | VPD<br><b>MILLER, T D<br/>333 S TAMiami TRAIL STE 101<br/>VENICE, FL 34285</b>       | <input type="checkbox"/> Delete  | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>333 South Tamiami Trail, Suite 203<br/>Venice, FL 34285</b> |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   |  | <input type="checkbox"/> Delete  | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   |  | <input type="checkbox"/> Delete  | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   |  | <input type="checkbox"/> Delete  | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>   | <input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>5/1/08</b> <b>944 444 1651</b><br><small>Date Daytime Phone #</small>   |  |  |