


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90172 013 \*\*\*150.00

<b>DOCUMENT # S70436</b>	
1. Entity Name <b>MAYWAL OF VENICE, INC.</b>	

Principal Place of Business <b>22 SOUTH LINKS AVE STE 300 SARASOTA, FL 34236 US</b>	Mailing Address <b>22 SOUTH LINKS AVE STE 300 SARASOTA, FL 34236 US</b>
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**50035588**



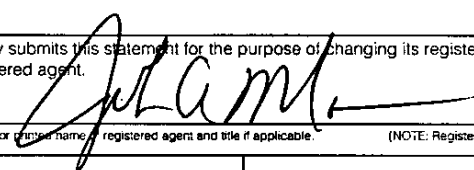
2. Principal Place of Business <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 700</b> City & State <b>Sarasota, FL</b> Zip <b>34236</b> Country <b>U.S.</b>	3. Mailing Address <b>P. O. Box 3948</b> Suite, Apt. #, etc. City & State <b>Sarasota, FL</b> Zip <b>34230</b> Country <b>U.S.</b>
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03072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>98-0120931</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MORAN, JOHN A. 22 SOUTH LINKS AVE SUITE 700 SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1990 Main Street, Suite 700</b> City <b>Sarasota</b> State <b>FL</b> Zip Code <b>34236</b>
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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:  DATE: <b>3/9/09</b>
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<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALLANDER, WALTER RUE DES ARBRES JERSEY CHANNEL ISLDS,</b> <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	<b>D CALLANDER, MARY THOMAS RUE DES ARBRES JERSEY CHANNEL ISLDS,</b> <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
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 all other like empowered.

SIGNATURE:  Walter Callander, Director	Date: <b>2/7/05</b> Daytime Phone #: <b>441/366-0115</b>
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