


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000005780 1. Entity Name VONERGY INCORPORATED	
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Principal Place of Business 814 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US	Mailing Address POST OFFICE BOX 140866 CORAL GABLES, FL 33114 US
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**DO NOT WRITE IN THIS SPACE**



08232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 57-1206488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VON SHNEIR, HANSEN 2901 SEGOVIA STREET CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 7, 2005</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, LOUIS P III 512 NE 6TH AVENUE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEREGO, RODNEY P 7415 VIALE ANGELO DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, RICHARD J PH.D 2333 BRICKELL AVENUE SUITE 2407 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIRO, ANGEL M III 13810 SW 104 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000377230  
08/26/05-80005-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: HANSEN VON SHNEIR Date: 08/23/05 Daytime Phone #: 305-218-2878