

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005780

FILED
Apr 21, 2007
Secretary of State

Entity Name: VONERGY INCORPORATED

Current Principal Place of Business:

814 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 140866
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 57-1206488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON SHNEIR, HANSEN
2901 SEGOVIA STREET
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENDER, LOUIS P III
Address: 512 NE 6TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: DEREHO, RODNEY P
Address: 7415 VIALE ANGELO
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D () Delete
Name: GRANT, RICHARD J PH.D
Address: 2333 BRICKELL AVENUE SUITE 2407
City-St-Zip: MIAMI, FL 33129 US

Title: D () Delete
Name: LEIRO, ANGEL M III
Address: 13810 SW 104 TERRACE
City-St-Zip: MIAMI, FL 33186 US

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANSEN VON SHNEIR

DIR

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date