

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 16, 2007
Secretary of State**

DOCUMENT# 179060

Entity Name: VELDE FORD, INC.

Current Principal Place of Business:

488 U.S. #1
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

488 U.S. #1
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-0714995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELDE, JEFFREY
5841 BENT PINE DRIVE
VERO BEACH,, FL 32967 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: PDST () Delete
Name: VELDE, JEFFREY
Address: 5841 BENT PINE DR.
City-St-Zip: VERO BEACH, FL 32967 US

Title: 2VP () Delete
Name: MALCHOW, SHERRIE L
Address: 2617 SW ELROD COURT
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D () Delete
Name: EVANS, RALPH L
Address: 3355 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: VP () Delete
Name: VELDE, PATRICIA
Address: 5841 BENT PINE DRIVE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: VAN WIJEREN, JANE
Address: 105 NE NARANJA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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

SIGNATURE: RALPH L. EVANS

D

08/16/2007

Electronic Signature of Signing Officer or Director

Date