2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 614362

Entity Name: VECELLIO CONTRACTING CORP.

FILED Mar 02, 2005 Secretary of State

Ourself Britario del Blacca of Business			Navy Duina	Now Brigainal Blass of Business		
Current Principal Place of Business:			New Princ	cipal Place of Business:		
PO BOX 15		9670				
W PALM BCH, FL 334113670 Current Mailing Address:			New Mailir	New Mailing Address:		
-						
PO BOX 15	BURY'S WAY 5065 CH, FL 334113	3670				
FEI Number:	55-0593814	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
	, JOHN A. BURY'S WAY .M BEACH, FL	33416 US				
The above in the State		ubmits this statement for the pur	pose of changing it	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent	İ	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIDECT	ODC.	ADDITION	IS/CHANGES TO DESIGEDS AND DIDECTORS.		
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I SLADE, MICHAE 149 SCARBORO WELLINGTON, F	UGH TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ST () I DEFREHN, JOHN 8645 PINE CAY WEST PALM BE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AST () [GWINN, L. L., MABSCOTT HILL BECKLEY, WV	Delete ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AST () I WHITE, BYRD E 2772 BIARRITA WEST PALM BE	III, DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition VECELLIO, CHRISTOPHE, R S. 217 VIA LINDA PALM BEACH, FL 33480		
Title: Name: Address: City-St-Zip:	PD () I VECELLIO, LEO 210 VIA DEL MA PALM BEACH, F	₹	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () I BASHAW, DAVID 201 RIDGE ROA JUPITER, FL 33	D	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN A DEFREHN ST 03/02/2005