



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90033 019 \*\*\*\*61.25

<b>DOCUMENT # 736852</b> 1. Entity Name <b>VILLAGE MUTUAL SERVICE, INC.</b>																																																																																																																													
Principal Place of Business <b>5776 OKEECHOBEE BLVD</b> <b>WEST PALM BEACH, FL 33417 US</b>				Mailing Address <b>5776 OKEECHOBEE BLVD</b> <b>WEST PALM BEACH, FL 33417 US</b>																																																																																																																									
2. Principal Place of Business <b>100 CENTURY BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 222661</b> Suite, Apt. #, etc.																																																																																																																											
City & State <b>W. PALM BEACH, FL</b>		City & State <b>W. PALM BEACH</b>		4. FEI Number <b>59-1509349</b>																																																																																																																									
Zip <b>33417</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent <b>KALL, LAWRENCE</b> <b>34 SOMERSET B</b> <b>W PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 <u><i>Larry Kall</i></u> <span style="float: right;">1/29/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KALL, LARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34 SOMERSET B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W PALM BEACH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRUBSTEIN, DANIEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>454 SOUTHAMPTON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33417</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KALL, MAXINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34 SUMERSET B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33417</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SILVERMAN, MYRON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9 GOLF'S EDGE C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W PALM BEACH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	KALL, LARRY		STREET ADDRESS	34 SOMERSET B		CITY-ST-ZIP	W PALM BEACH, FL		TITLE	TD	<input type="checkbox"/> Delete	NAME	GRUBSTEIN, DANIEL		STREET ADDRESS	454 SOUTHAMPTON		CITY-ST-ZIP	WEST PALM BEACH, FL 33417		TITLE	VPD	<input type="checkbox"/> Delete	NAME	KALL, MAXINE		STREET ADDRESS	34 SUMERSET B		CITY-ST-ZIP	WEST PALM BEACH, FL 33417		TITLE	VPD	<input type="checkbox"/> Delete	NAME	SILVERMAN, MYRON		STREET ADDRESS	9 GOLF'S EDGE C		CITY-ST-ZIP	W PALM BEACH, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																											
NAME	KALL, LARRY																																																																																																																												
STREET ADDRESS	34 SOMERSET B																																																																																																																												
CITY-ST-ZIP	W PALM BEACH, FL																																																																																																																												
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																											
NAME	GRUBSTEIN, DANIEL																																																																																																																												
STREET ADDRESS	454 SOUTHAMPTON																																																																																																																												
CITY-ST-ZIP	WEST PALM BEACH, FL 33417																																																																																																																												
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																											
NAME	KALL, MAXINE																																																																																																																												
STREET ADDRESS	34 SUMERSET B																																																																																																																												
CITY-ST-ZIP	WEST PALM BEACH, FL 33417																																																																																																																												
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																											
NAME	SILVERMAN, MYRON																																																																																																																												
STREET ADDRESS	9 GOLF'S EDGE C																																																																																																																												
CITY-ST-ZIP	W PALM BEACH, FL																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fees empowered.																																																																																																																													
<b>SIGNATURE:</b> <u><i>Larry Kall</i></u> <span style="float: right;">1/29/06 561-669-8550</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													