## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT #749416**



**FILED** May 03, 2007 8:00 am Secretary of State 05-03-2007 90068 050 \*\*\*\*61.25

Pencipal Place of Business   Sept 54   Sept 10   Sept 201   LONGBOAT KEY, FL 34228   US	1. Entity Nam VEINTE (		INIUM ASSOCIAT	TION, INC.				2 2007 20000 020	31.2	
Suite, Apt. 4, etc.	2675 GULF OF MEXICO DRIVE 595 LONGBOAT KEY, FL 34228-0112 STE			595 BAY IS STE 201	595 BAY ISLES RD STE 201					KOL OK 100L
City & State	2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Ad	ldress	,,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	1			
Country   Country   Country   Country   Country   Country   So - 1942/387   Country   So - 194	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202007 Chg	g-NP CR2E037	7 (12/06)	
S. Certification Status Desired   Fee Required   Signature   Si	City & State			City & State			4. FEI Number 59-1942387	7	<del></del>	
Single Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip		Country	5. Certificate of Star			
Size 200 LONGBOAT KEY, FL 34228    City   FL   Zip Code					nt	Name	7. Name and Addre	ess of New Registered A	gent	
City   FL   21p Code	595 BAY ISLES RD					Street Addre	ess (P.O. Box Number is N	ot Acceptable)		
SIGNATURE    Filling Fee is \$81.25   Due by May 1, 2007   Pricers AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   ADDITIONS		AT KEY, FL	. 34228							
The obligations of registered agent  SIGNATURE    Filing Fee is \$61.25   Due by May 1, 2007   Period name of applicable applicable (NOTE-Registered Agent expansive reduced when retrotating)   Date						City		FL	Zip Code	
Signeture, typed or printed name of registered agent and site if application   (NOTE: Registered Agent signature recurred when remotating)   CATE				or the purpose of	changing its	registered office or regi	istered agent, or both, in the	he State of Florida. I am fa	amiliar with, a	and accept
Due by May 1, 2007   Trust Fund Contribution.   Added to Fees   Florida Department of State	CICKIATURE									
TITLE NAME BAKER, CHANNINS  STREET ADDRESS CITY-ST-2P  TITLE VPT INLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P	SIGNATURE		or printed name of registered agent	t and title if applicable	(NOTE	: Registereo Agent signature ret	quired when reinstating)	DATE		
BAKER, CHANNINS SIREET ADDRESS CITY-ST-ZIP  VPT NAME LONGBOAT KEY, FL 34228  CITY-ST-ZIP  VPT NAME KLEIN, THOMAS SIREET ADDRESS CITY-ST-ZIP  Delete NAME SIREET ADDRESS CITY-ST-ZIP  DS DS DS DS DELET NAME SIREET ADDRESS CITY-ST-ZIP  TITLE DS DS DS DS DELET NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE SIREET ADDRESS CITY-ST-ZIP  TITLE DELET DELET SIREET ADDRESS CITY-ST-ZIP  TITLE DELET DELET DELET DELET DELET SIREET ADDRESS CITY-ST-ZIP  TITLE DELET DEL	SIGNATURE	Signature, typed of	e is \$61.25		Election Carr	npaign Financing	\$5.00 May Be	Make check		,
TITLE NAME KLEIN, THOMAS CITY-ST-ZIP CHANGE  SIRRET ADDRESS COTY-ST-ZIP CHANGE  STREET ADDRESS CITY-ST-ZIP CHANGE  STREET ADDRESS CITY-ST-ZIP CHANGE  STREET ADDRESS CITY-ST-ZIP CHANGE  STREET ADDRESS CITY-ST-ZIP	10.	Filing Fee Due by M	e is \$61.25 lay 1, 2007	9. RECTORS	Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St	10
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. FITLE NAME STREET ADDRESS	Filing Fee Due by M PD BAKER, C 2675 GULI	e is \$61.25 lay 1, 2007 OFFICERS AND DI HANNINS F OF MEXICO DR	9. RECTORS	Election Cam Trust Fund C	npaign Financing contribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Due by M PD BAKER, C 2675 GULI LONGBOA VPT KLEIN, TH 2675 GULI	P IS \$61.25 PAY 1, 2007  OFFICERS AND DI  HANNINS F OF MEXICO DR  AT KEY, FL 34228  F OF MEXICO DR	9. RECTORS	Election Carr Trust Fund C	npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check Florida Depart	ECTORS IN Change	ate 10 Addition
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         □ Change         □ Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS	PD BAKER, C 2675 GULL LONGBOA VPT KLEIN, TH 2675 GULL LONGBOA DS PERCY, R 2675 GULL	P IS \$61.25 PAY 1, 2007  OFFICERS AND DI  HANNINS F OF MEXICO DR AT KEY, FL 34228  FOMAS F OF MEXICO DR AT KEY, FL 34228  RICHARD F OF MEXICO DR.	9. RECTORS	Election Carr Trust Fund C	npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St ECTORS IN Change Change	10 Addition
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irruicated 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.