

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003380

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** VENGROFF, WILLIAMS & ASSOCIATES INTERNATIONAL, INC.

**Current Principal Place of Business:**

SUITE 101  
203 NE FRONT STREET  
MILFORD, DE 34237

**New Principal Place of Business:**

**Current Mailing Address:**

2211 FRUITVILLE RD.  
SARASOTA, FL 34237

**New Mailing Address:**

PO BOX 50849  
SARASOTA, FL 34232

**FEI Number:** 84-1620502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VENGROFF, HARVEY  
2211 FRUITVILLE RD.  
SARASOTA, FL 34237 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VENGROFF, MARK  
Address: 18 CAPE FRIO  
City-St-Zip: NEWPORT COAST, CA 92657

Title: VP ( ) Delete  
Name: VENGROFF, JOEL VP  
Address: 1 BANKSIDE DRIVE  
City-St-Zip: CENTERPORT, NY 11721

Title: S ( ) Delete  
Name: VENGROFF, KRISTY  
Address: 69 A BAY AVE  
City-St-Zip: HALESITE, NY 11743

Title: CEO ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 3615 HIDDEN RIVER RD.  
City-St-Zip: SARASOTA, FL 34240

Title: COB ( ) Delete  
Name: VENGROFF, HARVEY  
Address: 5135 RIVERWOOD AVE.  
City-St-Zip: SARASOTA, FL 34231

Title: CTO ( ) Delete  
Name: TOREK, GABE  
Address: 1900 SOUTH OCEAN BLVD #15R  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

**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:

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

**SIGNATURE:** ROBERT WILLIAMS

CEO

01/05/2007

Electronic Signature of Signing Officer or Director

Date