2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003601

Entity Name: VENGROFF, WILLIAMS & ASSOCIATES UK, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
SUITE 101 203 NE FRO MILFORD,	ONT STREET DE 19963				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
2211 FRUITVILLE RD. SARASOTA, FL 34237			PO BOX 50849 SARASOTA, FL	PO BOX 50849 SARASOTA, FL 34232	
FEI Number: 84-1620513 FEI Number Applied For () FEI Num			FEI Number Not Applicable (nber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
VENGROFF, HARVEY 2211 FRUITVILLE RD. SARASOTA, FL 34237 US					
The above in the State		bmits this statement for the pur	pose of changing its regis	stered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS: ADD			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COB () E VENGROFF, HAR 5135 RIVERWOO SARASOTA, FL	DD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () C WILLIAMS, ROBI 3615 HIDDEN RIN SARASOTA, FL	VER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () E VENGROFF, MAR 18 CAPE FRIO NEWPORT COAS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () E VENGROFF, JOE 1 BANKSIDE DR. CENTERPORT, N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E VENGROFF, KRI 69 A BAY AVE HALESITE, NY 1		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TOREK, GABE V 1900 SOUTH OC	Delete EAN BLVD #15R 7 THE SEA, FL 33062	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 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					

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WILLIAMS

Date

01/05/2007

CEO