## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003601

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

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
SUITE 101 203 NE FRONT STREET MILFORD, DE 19963						
Current Mailing Address:			New Mailin	New Mailing Address:		
PO BOX 50849 SARASOTA, FL 34232						
FEI Number:	84-1620513	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
VENGROFI 2211 FRUIT SARASOTA	VILLE RD.	US	KING, DAVI 2211 FRUIT SARASOT <i>I</i>		US	
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.						
SIGNATUR	E: DAVID L K	ING, J.D.			01/15/2008	
	Electronic	Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COB (X) I VENGROFF, HAF 5135 RIVERWOO SARASOTA, FL	DD AVE	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	CEO () [ WILLIAMS, ROB 3615 HIDDEN RI SARASOTA, FL	VER ROAD	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	P ()[ VENGROFF, MAI 18 CAPE FRIO NEWPORT COA		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ()[ VENGROFF, JOE 1 BANKSIDE DR CENTERPORT, N		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ()[ VENGROFF, KRI 69 A BAY AVE HALESITE, NY 1		Title: Name: Address: City-St-Zip:	S (X) CARINO, KRIST 10 INLET PLACE HUNTINGTON, N		
Title: Name: Address: City-St-Zip:	TOREK, GABE V 1900 SOUTH OC		Title: Name: Address: City-St-Zip:	( )	Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MARK K VENGROFF P 01/15/2008