2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005
Secretary of State

DOCUMENT# F03000003736

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

Current Principal Place of Business:

203 NE FRONT STREET, SUITE 101
MILFORD, DE 19963

New Principal Place of Business:

Current Mailing Address:

2211 FRUITVILLE RD.
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 84-1620512 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: P ( ) Delete
Name: VENGROFF, MARK K
Address: 1 CAVALIER DR
City-St-Zip: NEWPORT COAST, CA 92646

Title: V ( ) Delete
Name: VENGROFF, JOEL H
Address: 1 BANKSIDE DR
City-St-Zip: CENTERPORT, NY 11721

Title: S ( ) Delete
Name: VENGROFF, KRISTY L
Address: 255 WOODBINE AVE.
City-St-Zip: NORTHPORT, NY 11768

Title: CTO ( ) Delete
Name: TOREK, GABE V
Address: 14 ARROWOOD DR
City-St-Zip: ST JAMES, NY 11780

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 Section 119.07(3)(i), 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: HARVEY VENGROFF COB 06/20/2005

Electronic Signature of Signing Officer or Director Date