2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002200

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

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2211 FRUITVILLE RD. SARASOTA, FL 34237					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2211 FRUITVILLE RD. SARASOTA, FL 34237			PO BOX 50849 SARASOTA, FL 34	PO BOX 50849 SARASOTA, FL 34232	
FEI Number: (05-0610845	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KING, DAVI 2211 FRUIT SARASOTA	VILLE RD.	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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent	İ.	Date	
Election Cam	paign Financing 1	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COB () D VENGROFF, HAR 2211 FRUITVILLE SARASOTA, FL 3	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () C WILLIAMS, ROBE 3615 HIDDEN RIV SARASOTA, FL 3	ERT G /ER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () C VENGROFF, MAF 18 CAPE FRIO NEWPORT COAS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () C VENGROFF, JOE 1 BANKSIDE DRI CENTERPORT, N	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () C VENGROFF, KRIS 69 A BAY AVENU HALESITE, NY 1	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOREK, GABE V 1900 SOUTH OCI	elete EAN BLVD #15R ′ 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					

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

SIGNATURE: ROBERT WILLIAMS

CEO 01/05/2007