

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90081

FILED
Jan 12, 2007
Secretary of State

Entity Name: VENGROFF, WILLIAMS & ASSOCIATES, INC.

Current Principal Place of Business:

2211 FRUITVILLE ROAD
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

P O BOX 4155
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 58-1963137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

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

Title: CTO () Delete
Name: TOREK, GABRIEL V CTO
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
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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: HARVEY VENGROFF

COB

01/12/2007

Electronic Signature of Signing Officer or Director

Date