2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000008163



2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

FILED Feb 15, 2006 8:00 am Secretary of State 02-15-2006 90040 038 ****61.25

1. Entity Name VERO BEACH COMPUTER GROUP, INC.						02	2-15-2006 90040 (038 ****6	1.25		
Principal Place of Business POST OFFICE BOX #2564 VERO BEACH, FL 32961 Mailing Address POST OFFICE BOX #2564 VERO BEACH, FL 32961					;	10011001					
2. Principal P	lace of Busin	ness	3. Mailing	Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					02062006 Ch	ng-NP CR2EC	37 (11/05)				
City & Stat	е		City &	State			4. FEI Number 65-106758	5		plied For	
- Zip		Country	Zip	,	· Cou	ntry	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered /	\gent			7. Name and Add	ress of New Registered	Agent		
ANDERSE						Name LAVISTA, ROSALIE					
115 PRES VERO BE		R" 32967-7515				Street Address (P.O. Box Number is Not Acceptable) FOREST CAY					
		'			i	City 1/56	lo BEACH	/ FI	Zig Code	3/12	
	named entit	y submits this statement fo	or the purpose	of changing its	register					and accept	
the obligat		creu agent.		_						٠.	
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SIGNATURE.		or printed name of registered agent	and title it specified	the CANCE		d Agent signature require			00		
	- Grand Grand	:	ганстине парряка	ae. (NOII	E: negistere	D Agent signature require	o wien renearing)	DATE			
	Filing Fe	e is \$61.25 lay 1, 2006	ани мю (гарука)	9. Election Car Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees	Make chéc Florida Dêpa	ck payable to		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Rosalie La Vista	ROSALIE LAVISTA	7725672168	2-7-06
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	Date	Daytime Phone #