

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90055 011 \*\*\*\*61.25

<b>DOCUMENT # N00000008163</b> 1. Entity Name <b>VERO BEACH COMPUTER GROUP, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX #2564 VERO BEACH, FL 32961</b>				Mailing Address <b>POST OFFICE BOX #2564 VERO BEACH, FL 32961</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1067585</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAVISTA, ROSALIE 160 FOREST CAY VERO BEACH, FL 32962</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAVISTA, ROSALIE</b>		NAME		
STREET ADDRESS	<b>160 FOREST CAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VERO BEACH, FL 32962</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENDELMAN, JESSE</b>		NAME	<b>JEAN GRIDER</b>	
STREET ADDRESS	<b>5601 HWY A1A # 308</b>		STREET ADDRESS	<b>1125 2ND ST</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>		CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PURCELL, JOANN</b>		NAME	<b>JEAN GRIDER</b>	
STREET ADDRESS	<b>16 SAILFISH RD</b>		STREET ADDRESS	<b>1125 2ND ST</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32960</b>		CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KLEINSTIVER, WAYNE</b>		NAME	<b>FRANK LOMBARD</b>	
STREET ADDRESS	<b>4857 HWY A1A</b>		STREET ADDRESS	<b>8775 20TH ST #166</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>		CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOMBARD, FRANK</b>		NAME	<b>JOAN PANNENBORG</b>	
STREET ADDRESS	<b>8775 20TH ST # 166</b>		STREET ADDRESS	<b>709 SHORE DR</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>		CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PANNENBORG, JOAN</b>		NAME	<b>ROBERT RANDALL</b>	
STREET ADDRESS	<b>709 SHORE DR</b>		STREET ADDRESS	<b>2409 KELLY DR</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>		CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
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.					
<b>SIGNATURE:</b> <i>Rosalie LaVista</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.30.2007 772 567-2168 <small>Date Daytime Phone #</small>		