


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


2005 SEP 16 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010317	
1. Entity Name VERE TECH ALUMNI ASSOCIATION INC.	

Principal Place of Business 112 PEPPER TREE CT ROYAL PALM BEACH, FL 33411--495 US	Mailing Address 112 PEPPER TREE CT ROYAL PALM BEACH, FL 33411--495 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
06302005 Chg-NP	CR2E037 (10/03)
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROBINSON, CARLTON 112 PEPPER TREE CT ROYAL PALM BEACH, FL 33341-1	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

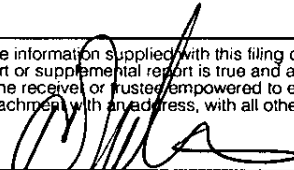
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ROBINSON, CARLTON
STREET ADDRESS	112 PEPPER TREE CT
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	VP <input type="checkbox"/> Delete
NAME	TAYLOR, OWEN
STREET ADDRESS	20284 SW 85 AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	VP <input type="checkbox"/> Delete
NAME	SHIM-HUE, DERRICK
STREET ADDRESS	7911 NW 50 ST.
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	T <input type="checkbox"/> Delete
NAME	GREEN, BASIL
STREET ADDRESS	7261 NW 20 ST.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	S <input type="checkbox"/> Delete
NAME	MCCLYMONT, SHIELA
STREET ADDRESS	4470 NW 65TH TERR
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **CARLTON ROBINSON** 1/7/2005 (561) 793-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #