2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000003447



FILED

Apr 19, 2007 8:00 am Secretary of State

	VILLAGE UTILITIES HOM ATION, INC.	EOWNERS		04-1	3-2007 30164 02.	01.23	
PO BOX 3431 PO		Mailing Address PO BOX 3431 DUNNELLON, FL 34	-				
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			(12/06)	
City & State		City & State	City & State		7		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	nt Registered Agent		7. Name and Add	ress of New Registers	d Agent	
ROSS, ART 18278 SW 99TH LANE				Name Street Address (P.O. Box Number is Not Acceptable)			
DUNNELL	ON, FL 34432		·				, <u></u>
: :			City		F	L Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registered office or	registered agent, or both, in	the State of Florida. I a	m familiar with,	and accept
SIGNATURE.		nt and title if apolicable. ((NOTE: Registered Agent signate	ure required when reinstating)	DAT		
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if applicable. (I	NOTE: Registered Agent signati	ure required when reinstating)	DATI	<u> </u>	
SIGNATURE .		9. Election	Campaign Financing	standard when reinstating) \$5.00 May Be Added to Fees	Make che	ck payable to artment of St	
SIGNATURE .	Signature, typed or printed name of registered age	9. Election Trust Fur	Campaign Financing	\$5.00 May Be Added to Fees	Make che	ock payable to artiment of St	tate
•	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Trust Fur	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	ock payable to artiment of St	tate
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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.

PRESIDENT PRESIDENT

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR William A. Ross

35 2 489 4669 Daytime Phone #