

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005926

Entity Name: VONE RESEARCH, INC.

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

640 SE 6TH TERRACE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

640 SE 6TH TERRACE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1002899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, WILLIAM
707 SE 3RD AVE, SUITE 500
FT LAUDERDALE, FL 33060 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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ATTIS, STEPHEN
Address: 640 SE 6TH TERR
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: MCALLISTER, RAY DR.
Address: 4850 NE 28TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: DEVERS, DEBORAH
Address: 160 CYPRESS CLUB DR APT 635
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST () Delete
Name: GLANVILLE, ROBERT
Address: 6401 SAVANNAH WAY
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CRAVENS, SCOTT
Address: 118 ROYAL PARK DR. APT 4D
City-St-Zip: OAKLAND PARK, FL 33309

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN ATTIS

PT

04/14/2007

Electronic Signature of Signing Officer or Director

Date