


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 035 ***150.00

DOCUMENT # P01000048700
 1. Entity Name
VANDEN LANGENBERG, INC.



Principal Place of Business Mailing Address
 5405 JET VIEW CIRCLE 5405 JET VIEW CIRCLE
 TAMPA, FL 33634 TAMPA, FL 33634

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 37937 Tanler Rd 37937 Tanler Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Dade City, FL Dade City, FL

Zip Country Zip Country
 33523 USA 33523 USA



03032008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-3736537 Not Applicable

6. Name and Address of Current Registered Agent
 LANGENBERG, ALAN V
 9802 OLD PASCO ROAD
 WESLEY CHAPEL, FL 33544

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDENLANGENBERG, ALAN		NAME		
STREET ADDRESS	9802 OLD PASCO RD.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDENLANGENBERG, RHONDA		NAME		
STREET ADDRESS	9802 OLD PASCO RD.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 607, 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 ALAN VANDENLANGENBERG Date 4-16-08 Daytime Phone # (813) 885-4791