2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017793

Entity Name: VFIN EXECUTIVE SERVICES, INC

3010 N MILITARY TRAIL

BOCA RATON, FL 33431

Address:

City-St-Zip:

FILED Apr 17, 2007 Secretary of State

Entity Nar	ne: VFINEX	ECUTIVE SERVICES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	TH MILITARY TON, FL 3343	TRAIL, SUITE 300 1				
Current Mailing Address:			New Mailing Address:			
	TH MILITARY TON, FL 3343	TRAIL, SUITE 300 1				
FEI Number:	02-0560313	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
ONE NOR SUITE 400	TH CLEMATIS					
	named entity : e of Florida.	submits this statement for the po	urpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SOKOLOW, LE	IILITARY TRAIL, SUITE 300	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MAHONEY, TIN	IILITARY TRAIL, SUITE 300	Title: Name: Address: City-St-Zip:	LEVIN, ALAN B	/IILITARY TRAIL, SUITE 300	
Title: Name: Address: City-St-Zip:	T () REINKEN, SHE 3010 N MILITA BOCA RATON,	RY TRAIL # 300	Title: Name: Address: City-St-Zip:	S (X CAMPANELLA 3010 N MILITA BOCA RATON,	ARY TRAIL # 300	
Title: Name:	S (X CAMPANELLA,) Delete RICHARD	Title: Name:	() Change ()Addition	

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

Address:

City-St-Zip:

SIGNATURE: ALAN B LEVIN CFO 04/17/2007

#300