

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081899

Entity Name: EVCG INCORPORATED

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

725 SE PORT ST. LUCIE BLVD
SUITE 201
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

725 SE PORT ST. LUCIE BLVD
SUITE 201
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 14-1853390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIPRECHT, RAY
725 SE PORT ST. LUCIE BLVD - STE 201
PORT SAINT LUCIE, FL 34984 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: REIPRECHT, RAYMOND
Address: 725 SE PORT ST. LUCIE BLVD. #201
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: PSD () Delete
Name: PERLMUTTER, MICHAEL
Address: 725 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RAYMOND REIPRECHT

VTD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date