

03-26-2007 90065 028 ***150.00
P02000125995

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAR 26 PM 2:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

40041347



DOCUMENT # P02000125995			
1. Entity Name VECELLIO GROUP, INC.			
Principal Place of Business 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411		Mailing Address PO BOX 15065 WEST PALM BEACH, FL 33416	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DEFREHN, JOHN A 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEFREHN, JOHN A 6500 N. MILITARY TRAIL #14 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VECELLIO, MICHAEL A 332 WEST INDIES DRIVE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 232 WEST INDIES DRIVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VECELLIO, LEO A JR 210 VIA DEL MAR PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VECELLIO, KATHRYN C 210 VIA DEL MAR PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DP 3/29
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VECELLIO, CHRISTOPHER S 742 SLOPE TRAIL PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BASHAW, DAVID H 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with appropriate power of attorney.			
SIGNATURE		Date 2/16/07 501-793-9400	
SIGNATURE		Date 3/22/07	

ATTACHMENT

40041347

P0200012599J-

VP Robert D Smith
115 Cape Point Circle
Jupiter, FL 33477

VP John West
2786 Bayview Dr
Palm Beach Gardens FL 33410

VP Robert Leadbetter
8923 Brittany Lakes Dr
Boynton Beach, FL 33437

VP Paula Burgess
2071 Reston Circle
Royal Palm Beach, FL 33411

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