2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2006
Secretary of State

DOCUMENT# P04000008302

Entity Name: VECELLIO MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

101 SANSBURY'S WAY
WEST PALM BEACH, FL 334113670

New Principal Place of Business:

Current Mailing Address:

PO BOX 15065
WEST PALM BEACH, FL 334165065

New Mailing Address:

FEI Number: 20-0579135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFREHN, JOHN A
101 SANSBURY'S WAY
WEST PALM BEACH, FL 334113670 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: PD ( ) Delete
Name: VECELLIO, LEO A JR
Address: 210 VIA DEL MAR
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete
Name: VECELLIO, CHRISTOPHER
Address: 217 VIA LINDA
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete
Name: VECELLIO, MICHAEL A
Address: 232 WEST INDIES DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete
Name: VECELLIO, KATHRYN C
Address: 210 VIA DEL MAR
City-St-Zip: PALM BEACH, FL 33480

Title: ST ( ) Delete
Name: DE FREHN, JOHN A
Address: 6500 N. MILITARY TRAIL # 14
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: EVP ( ) Change (X) Addition
Name: BASHAW, DAVID H
Address: 201 RIDGE ROAD
City-St-Zip: JUPITER, FL 33477

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.

SIGNATURE: JOHN A DEFREHN ST 06/29/2006

Electronic Signature of Signing Officer or Director — Date