

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114126

Entity Name: VERGE CAPITAL, INC.

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

390 BILLINGTON STREET
PLYMOUTH, MA 02360

New Principal Place of Business:

99 WARREN AVE
PLYMOUTH, MA 02360

Current Mailing Address:

390 BILLINGTON STREET
PLYMOUTH, MA 02360

New Mailing Address:

PO BOX 3442
PLYMOUTH, MA 02361

FEI Number: 20-1452657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AT YOUR SERVICE TAX & ACCOUNTING, INC.
1623 N. HIGHLAND AVE
CLEARWATER, FL 33755 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: P () Delete
Name: ST. PIERRE, MELANIE
Address: 390 BILLINGTON STREET
City-St-Zip: PLYMOUH, MA 02360 US

Title: VP () Delete
Name: ST. PIERRE, JEFF
Address: 390 BILLINGTON STREET
City-St-Zip: PLYMOUTH, MA 02360

Title: S () Delete
Name: ST. PIERRE, MELANIE
Address: 390 BILLINGTON STREET
City-St-Zip: PLYMOUTH, MA 02360 US

Title: T () Delete
Name: ST. PIERRE, JEFF
Address: 390 BILLINGTON STREET
City-St-Zip: PLYMOUTH, MA 02360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ST. PIERRE, MELANIE
Address: PO BOX 3442
City-St-Zip: PLYMOUH, MA 02361 US

Title: VP (X) Change () Addition
Name: ST. PIERRE, JEFF
Address: PO BOX 3442
City-St-Zip: PLYMOUTH, MA 02361

Title: S (X) Change () Addition
Name: ST. PIERRE, MELANIE
Address: PO BOX 3442
City-St-Zip: PLYMOUTH, MA 02361 US

Title: T (X) Change () Addition
Name: ST. PIERRE, JEFF
Address: PO BOX 3442
City-St-Zip: PLYMOUTH, MA 02361

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: JEFF ST. PIERRE

VP

04/03/2007

Electronic Signature of Signing Officer or Director

Date