



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90026 006 \*\*\*150.00

<b>DOCUMENT # P04000165029</b> 1. Entity Name <b>VACUVENT FRANCHISING, INC.</b>					
Principal Place of Business <b>13537 US HWY 1 SUITE 106 SABASTIAN, FL 32958</b>			Mailing Address <b>13537 US HWY 1 SUITE 106 SABASTIAN, FL 32958</b>		
2. Principal Place of Business <b>1434 Norman St NE</b> Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>Palm Bay FL</b> Zip <b>32907</b> Country <b>US</b>		3. Mailing Address <b>1434 Norman St NE</b> Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>Palm Bay FL</b> Zip <b>32907</b> Country <b>US</b>			
4. FEI Number <b>11-3737142</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BROGNA, BILL 13537 US HWY 1 SUITE 106 SABASTIAN, FL 32958</b>			7. Name and Address of New Registered Agent Name <b>Brogna William G</b> Street Address (P.O. Box Number is Not Acceptable) <b>1434 Norman St NE Suite 101</b> City <b>Palm Bay</b> State <b>FL</b> Zip Code <b>32907</b>		
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 <u><i>William G Brogna</i></u> DATE <u>5-15-06</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROGNA, WILLIAM G 13537 US HWY 1 SUITE 106 SABASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Brogna, William G 1434 Norman St NE Suite 101 Palm Bay, FL 32907
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>William G Brogna</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-15-06</u> <small>Daytime Phone #</small>		