
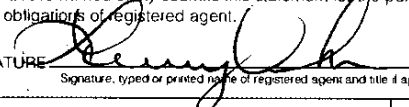
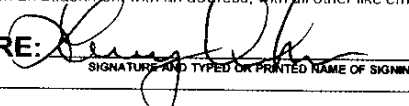


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90186 038 \*\*\*150.00

<b>DOCUMENT # P06000002869</b> 1. Entity Name <b>VERBYTE, INC.</b>			
Principal Place of Business <b>6091 MEDICI COURT #309 SARASOTA, FL 34243</b>		Mailing Address <b>6091 MEDICI COURT #309 SARASOTA, FL 34243</b>	
2. Principal Place of Business - No P.O. Box # <b>255 Beacon Harbour Loop</b> Suite, Apt. #, etc.		3. Mailing Address <b>255 Beacon Harbour Loop</b> Suite, Apt. #, etc.	
City & State <b>Bradenton, FL</b> Zip <b>34212</b>		City & State <b>Bradenton, FL</b> Zip <b>34212</b>	
4. FEI Number <b>20-4058714</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>VERHOEVEN, LENNY S 6091 MEDICI COURT #309 SARASOTA, FL 34243</b>		7. Name and Address of New Registered Agent Name <b>Verhoeven, Lenny S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>255 Beacon Harbour Loop</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34212</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  DATE <b>4/16/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME VERHOEVEN, LENNY S STREET ADDRESS 6091 MEDICI COURT, #309 CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE DPST NAME Verhoeven, Lenny S. STREET ADDRESS 255 Beacon Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME VERHOEVEN, LENNY S STREET ADDRESS 6091 MEDICI COURT, #309 CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE DV NAME Verhoeven, Anthony J. STREET ADDRESS 255 Beacon Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME VERHOEVEN, LENNY S STREET ADDRESS 6091 MEDICI COURT, #309 CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" 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	<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	<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	<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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		<b>Lenny S. Verhoeven, President</b> (941) 993-4276 4/16/07	