

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084612

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** VANDIVIER & ASSOCIATES MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

2900 LAKE WASHINGTON ROAD  
SUITE 1  
MELBOURNE, FL 32935

**New Principal Place of Business:**

4645 SMITHFIELD ROAD  
MELBOURNE, FL 32934

**Current Mailing Address:**

2900 LAKE WASHINGTON ROAD  
SUITE 1  
MELBOURNE, FL 32935

**New Mailing Address:**

4645 SMITHFIELD ROAD  
MELBOURNE, FL 32934

**FEI Number:** 20-5086353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANDIVIER, CAL  
2900 LAKE WASHINGTON ROAD  
SUITE 1  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

VANDIVIER, CAL  
4645 SMITHFIELD ROAD  
MELBOURNE, FL 32934 US

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: CAL VANDIVIER

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: VANDIVIER, SUSAN  
Address: 4645 SMITHFIELD ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: VP  
Name: VANDIVIER, CHRISTOPHER  
Address: 4645 SMITHFIELD ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: PD  
Name: VANDIVIER, CAL  
Address: 4645 SMITHFIELD ROAD  
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: CAL VANDIVIER

PD

02/25/2011

Electronic Signature of Signing Officer or Director

Date