

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/30/2007-90428-043-\$150.00-\$150.00

DOCUMENT # P06000141942 1. Entity Name VERANDAH OFFICES, INC.						FILED 07 JUN -8 AM 10:55 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655				Mailing Address 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655			
2. Principal Place of Business - No P.O. Box # 9400 RIVER CROSSING BLVD				3. Mailing Address			
Suite, Apt. #, etc. SUITE 104				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 04182007 Chg-P CR2E034 (12/08)			
6. Name and Address of Current Registered Agent HUDSON, JOHN E 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9400 RIVER CROSSING BLVD, SUITE 104 City FL Zip Code			
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 (NOTE: Registered Agent signature required when re-registering) DATE							
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, JOHN E 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 RIVER CROSSING BLVD, SUITE 104			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, D. DEWEY 7916 EVOLUTIONS WAY, SUITE 106 TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 RIVER CROSSING BLVD, SUITE 104			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE SUITE 124 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 RIVER CROSSING BLVD, SUITE 104			
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: (NOTE: Registered Agent signature required when re-registering) DATE Daytime Phone #							