2006 FOR PROFIT CORPORATION ANNUAL REPORT					FILED			
DOCUMENT # P93000087379 1. Entity Name VERO MACHINE INDUSTRIES, INC.				Feb 10, 2006 08:00 AM Secretary of State				
5400 85TH	ve of Business ST 1, FL 32967 US	Mailing Address 5400 85TH ST VERO BEACH, FL 32967 U	IS					
DO NOT WRITE IN THIS SPACE				01142006 No Chg-P CR2E034 (11/05)				
				65-04577 5. Certificate of			Not Applicable 75 Additional Required	
	6. Name and Address of Current Re	gistered Agent				·	· · · · · · · · · · · · · · · · · · ·	
5400 85TH	ER, ROBERT H HST ACH, FL 32967				NOT WE			
 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.	Signature, typad or printed name of registered egent and	title if applicable. (NOTE: Register	ed Agent signature required	i when reinstating)		DATE		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will bo \$550.00	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees				
10. TITLE	OFFICERS AND DI	RECTORS	-		· · · · · · · · · ·			
NAME Street address City-st-zip	BEAUCHER, ROBERT H 5400 85TH ST VERO BEACH, FL 32967				U000004 02/21/06-8	28578	15h 08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				 	∩./5k που 46.5 "βυθημα" των	nadaad ay na		
TITLE NAME STREET ADDRESS			- ···			DITE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	ÎN T	HIS SP		<u>n</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u></u> 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>= -</u>	· · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
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.								
SIGNAT		TED NAME OF SIGNING OFFICER OR DIREC	TOR	2-	7-06 Date	Daytime I	Phone #	

~--