


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90020 045 ***150.00

DOCUMENT # P94000089728 1. Entity Name VEYTI HOLDING CORPORATION			
Principal Place of Business 1801 AUSTRALIAN AVE S WEST PALM BEACH, FL 33409		Mailing Address 1801 AUSTRALIAN AVE S WEST PALM BEACH, FL 33409	
2. Principal Place of Business 2121 VISTA PARKWAY Suite, Apt. #, etc.		3. Mailing Address PO BOX 3236 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State 3 FARMINGDALE NY	
Zip 33411		Zip 11735	
Country FLORIDA		Country SUPREMACY	
4. FEI Number 65-0543871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARY, DAVID E 1801 AUSTRALIAN AVE S 2121 VISTA PARKWAY WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPT KATZ, STANLEY 61 EXECUTIVE DR FARMINGDALE, NY 11735	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARY, DAVID E 1801 AUSTRALIAN AVE S WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARY, DAVID E. 2121 VISTA PARKWAY WEST PALM BEACH, FLORIDA 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARY, DAVID E. 2121 VISTA PARKWAY WEST PALM BEACH, FLORIDA 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARY, DAVID E. 2121 VISTA PARKWAY WEST PALM BEACH, FLORIDA 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARY, DAVID E. 2121 VISTA PARKWAY WEST PALM BEACH, FLORIDA 33411	<input type="checkbox"/> Delete	<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 life empowered.			
SIGNATURE: _____		VP 1-30-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	