2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059676

Title:

Name:

Address: City-St-Zip: () Delete

PORT CHARLOTTE, FL 33980

24048 WESTCHESTER BOULEVARD

WHIDDEN, GINGER S

Entity Name: VENDAK, INCORPORATED

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6616 MERRYVALE LANE 5842 SPRUCE CREEK WOODS DRIVE PORT ORANGE, FL 32128 US PORT ORANGE, FL 32127 **Current Mailing Address: New Mailing Address:** 6616 MERRYVALE LANE 5842 SPRUCE CREEK WOODS DRIVE PORT ORANGE, FL 32128 PORT ORANGE, FL 32127 FEI Number: 65-0602110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUMMINS, JOSEPH P CUMMINS, JOSEPH P 6616 MERRYVALE LANE 5842 SPRÚCE CREEK WOODS DRIVE PORT ORANGE, FL 32128 US PORT ORANGE, FL 32127 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: 04/30/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CUMMINS, JOSEPH P CUMMINS, JOSEPH P Name: Name: 6616 MERRYVALE LANE 5842 SPRUCE CREEK WOODS DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32127 Title: Title: () Change () Addition () Delete Name: WHIDDEN, ROBERT J Name: 24048 WESTCHESTER BOULEVARD Address: Address: PORT CHARLOTTE, FL 33980 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH CUMMINS P 04/30/2006

() Change () Addition