2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P96000096730 1. Entity Name VECELLIO REALTY, INC. Principal Place of Business · Mailing Address 101 SANSBURY'S WAY P 0 BOX 15065 WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33416

FILED Mar 07, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

DEFREHN, JOHN 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411

the obligations of registered agent.

SIGNATURE.

| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | Election Campaign Financi Trust Fund Contribution. | ng 🗆 | \$5.00 May Be Added to Fees | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------|------------------------------------------------------------------|--|
| 10. | OFFICERS AND DIREC | CTORS | | • | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | PD VECELLIO, LEO A JR. 101 SANSBURY'S WAY WEST PALM BEACH, FL | | | U00000850621 03/25/08-80005-012 150.00 DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VECELLIO, CHRISTOPHER 101 SANSBURY'S WAY W PALM BCH, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VECELLIO, MICHAEL 101 SANSBURY'S WAY W PALM BCH, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TAYLOR, JOHN L 101 SANSBURY'S WAY W PALM BCH, FL | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | • | | | | |
| 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 | | | | | |