## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P97000039126

**Current Principal Place of Business:** 

Entity Name: D.P. VENDTRONICS, INC.

FILED Feb 14, 2007 Secretary of State

1200 S. CONGRESS AVENUE SUITE 49 WEST PALM BEACH, FL 33406		1711 LATHAM ROAD WEST PALM BEACH, FL 33409		
Current Mailing Address:		New Mailing Address:		
1200 S. CONGRESS AVENUE SUITE 549 WEST PALM BEACH, FL 33406		1711 LATHAM ROAD WEST PALM BEACH, FL 33409		
FEI Number: 65-0752580	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
MONESCALCHI, RICHAI 1035 S. STATE ROAD 7 SUITE 216 WELLINGTON, FL 3341				
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.				

**New Principal Place of Business:** 

Election Campaign Financing Trust Fund Contribution ( ).

1981 ASCOTT ROAD

NORTH PALM BEACH, FL 33408

SIGNATURE:

Address:

City-St-Zip:

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: CFOS CFOS ( ) Delete Title: (X) Change ( ) Addition PETERSON, DARE PETERSON, DARE Name: Name: 12139 ST RD N 931 VILLAGE BLVD #905-347 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33409 Title: VΡ Title: () Change () Addition () Delete Name: SCOTT, TODD Name: 1981 ASCOTT ROAD Address: Address: NORTH PALM BEACH, FL 33408 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: DARE, PETERSON Name: DARE, PETERSON Name: 12139 ST. ROAD NORTH 931 VILLAGE BLVD #905-347 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33409 Title: () Delete Title: () Change () Addition SCOTT, TODD Name: Name: Address: 1981 ASCOTT ROAD Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: Title: () Delete () Change () Addition SCOTT, CHERI Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHERI SCOTT T 02/14/2007