


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90051 043 ***150.00

DOCUMENT # P98000040038

1. Entity Name
 1470 CAXAMBAS COURT, INC.



Principal Place of Business
 1470 CAXAMBAS COURT
 MARCO ISLAND, FL 34145

Mailing Address
 %VOGELSANG CORPORATION
 1790 SWARTHMORE AVE.
 LAKEWOOD, NJ 08701



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
5830 Copper Leaf Lane
 Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State
 Naples, FL

4. FEI Number
 65-0843139

Applied For
 Not Applicable

Zip
 34116

Country
 Collier

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WECHTER, JEFFREY M -
 1470 CAXAMBAS CT.
 MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name
AC Global Management, LLC

Street Address (P.O. Box Number is Not Acceptable)
5830 Copper Leaf Lane

City
Naples FL Zip Code
34116

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 Annaly Jung DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PSTD VOGELSANG, JORG 1470 CAXAMBAS COURT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: [Signature] DATE 1-11-07 Daytime Phone # 239-455-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR