


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90122 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M12296 1. Entity Name THE VAULT, INC.	
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Principal Place of Business 18864 BISCAYNE BLVD N. MIAMI BEACH, FL 33180-2839 US	Mailing Address 18861 BISCAYNE BLVD N. MIAMI BEACH, FL 33180-2839 US
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2042353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSE, RONALD D. 18861 BISCAYNE BLVD NORTH MIAMI BEACH, FL 3310
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSE, RONALD D. 18861 BISCAYNE BLVD. NO. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GREENSPAHN, LEA 18151 NE 31ST CT #2017 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSE, AMY B. 18861 BISCAYNE BLVD. NO. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald Rose* *Ronald Rose President* 4-29-05 305-940-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #