

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90010 022 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                     |  |
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| <b>DOCUMENT # P00000000415</b><br>1. Entity Name<br><b>VB ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                    |  |
| Principal Place of Business<br><b>1570 BLUEFIN DR<br/>         MARATHON, FL 33050</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             | Mailing Address<br><b>1570 BLUEFIN DR<br/>         MARATHON, FL 33050</b>                                                           |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>         1201 HAYS STREET<br/>         TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | <b>Dennis M. Bishop CPA<br/>         8085 Overseas Hwy<br/>         Marathon FL<br/>         33050</b>                              |  |
| 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.<br>SIGNATURE: <u><i>Dennis M. Bishop CPA</i></u> DATE: <u>4/25/07</u><br><small>(NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>         Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br><b>VAN BEUREN, PAUL H<br/>         1570 BLUEFIN DR<br/>         MARATHON, FL 33050</b> |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DO NOT WRITE<br/>         IN THIS SPACE</b>                                              |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - 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 changed, or on an attachment with an address, with all other like empowered. |                                                                                             |                                                                                                                                     |  |
| SIGNATURE: <u><i>Paul J. Van Buren</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | DATE: <u>4/25/07</u> <b>3057310007</b><br><small>Date</small> <small>Continue Page #</small>                                        |  |

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| 4. FEI Number<br><b>35-2064681</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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|-----------------------------------------------------------|-------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|-----------------------------------------------------------|-------------------------------------------|