


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90351 034 ***150.00

DOCUMENT # P02000110654

1. Entity Name
 VUI, INC.



Principal Place of Business
 213 ODHAM DR
 SANFORD, FL 32773

Mailing Address
 213 ODHAM DR
 SANFORD, FL 32773

changed

24048167



2. Principal Place of Business
 284 So. FAIRBAIRN DR.
 Suite, Apt. #, etc.

3. Mailing Address
 284 So. FAIRBAIRN DR.
 Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State
 Deltona, FL

City & State
 Deltona, FL

Zip
 32725

Country
 USA

Zip
 32725

Country
 USA

4. FEI Number
 11-3666350

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 VINCI, GUY T
 213 ODHAM DR.
 SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name
 Guy VINCI

Street Address (P.O. Box Number is Not Acceptable)
 284 So. FAIRBAIRN DR.

City
 Deltona

State
 FL

Zip Code
 32725

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: *Guy Vinci*

DATE: 4-15-04

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

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 P	VINCI, GUY T <input checked="" type="checkbox"/> Delete	TITLE P	Vinci, Guy T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 38 OAKVIEW CIR		STREET ADDRESS 284 So. FAIRBAIRN DR.	
CITY-ST-ZIP ORMAOND BEACH, FL 32176		CITY-ST-ZIP Deltona, FL 32725	
TITLE VP/S	ONTIVEROS, ROBIN <input checked="" type="checkbox"/> Delete	TITLE VP/S	ONTIVEROS, Robin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 38 OAKVIEW CIR		STREET ADDRESS 284 So. FAIRBAIRN DR.	
CITY-ST-ZIP ORMOND BEACH, FL 32176		CITY-ST-ZIP Deltona, FL 32725	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Robin Ontiveros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-15-04

DATE

DAYTIME PHONE #: 386-575-0009

DAYTIME PHONE #