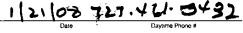
2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90214 001 ***450.00 DOCUMENT # P04000062963 1. Entity Name VR OF PINELLAS, INC. Principal Place of Business Mailing Address P.O. BOX 8589 P.O. BOX 8589 CLEARWATER, FL 33578 CLEARWATER, FL 33578 CR2E034 (11/05) No Chg-P 01182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1023893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ., DO NOT WRITE % O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 IN THIS SPACE CLEARWATER, FL 33764 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VAZQUEZ, JUAN NAME STREET ADDRESS P.O. BOX 8589 CITY-ST-ZIP CLEARWATER, FL 33578 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 a 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:

STREET ADDRESS CITY-ST-ZIP



FILED