2006 FOR PROFIT CORPORATION ANNUAL REPORT (AS

Aug 21, 2006 8:00 am Secretary of State DOCUMENT-# P05000083806 03-21-2006 90010 034 ***150.00 1. Entity Name VINTAGE VAULTS, INC. Principal Place of Business 107 WATÉRVIEW DRIVE PALM BEACH GARDENS FL 33418 107 WATERVIEW DRIVE PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE .CR2E034 (10/05) City & State Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMMONS, RHONDA Street Address (P.O. Box Number is Not Acceptable) 107 WATERVIEW DRIVE PALM BEACH GARDENS FL 33418 City Zip Code 8. The above named entity subtraits 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, typed or printed name of registered agent and fulls it applicants (NOTE Registered Agent signatum recurred when reusrating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Change Defene SIMMONS, RHONDA MARKE NAME STREET ADDRESS 107 WATERVIEW DRIVE STREET ADORESS CITY+ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition HANE MAARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Chance ☐ Addition STREET ADDRESS STREET ADDRESS tilyvSh-ZiP: CITY - ST - ZIP. TITLE Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete Chance ☐ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTALE ☐ Change ■ 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 exemptions contained in Section 1.19. Rorida 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:

TO: jennifer COMPANY:

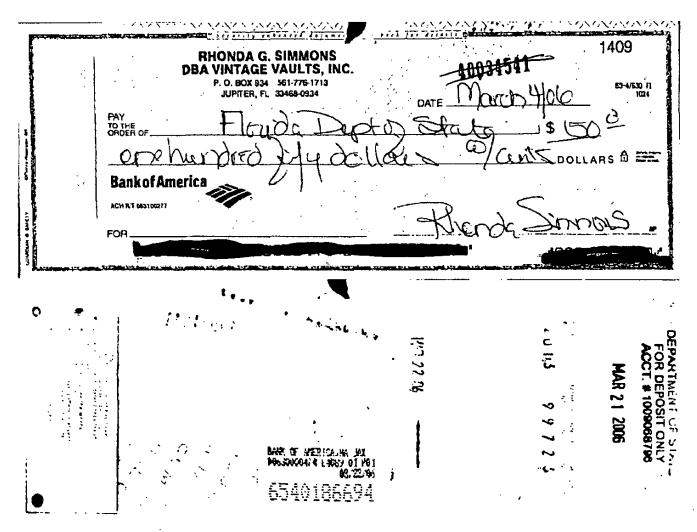
ATTACHMENT

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No Electronic Endorsements Found