2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2007 08:00 AM **DOCUMENT # 505114** Secretary of State 1. Entity Name V M P CORPORATION Principal Place of Business Mailing Address 1736-1 LANDON AVE 1736-1 LANDON AVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US No Chg-P 02282007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1956673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEN, GLENN K DO NOT WRITE 222 EAST FORSYTH ST JACKSONVILLE, FL 32202 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: Recistered Agent signature required when reinstation) DATE U00000661548 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees 03/20/07-80046-001 150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSD TITLE NAME PAUL, VINCENT M STREET ADDRESS 1736-1 LANDON AVE CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS CITY-ST-ZTP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME Ś STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 addless, with all other like empowered.

SIGNATURE:

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR BIREC

3-7-2007

904-858-9332

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