2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005223

Entity Name: VEI GLOBAL, INC

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1020 36TH ST SW STE B FARGO, ND 58103

Current Mailing Address: New Mailing Address:

1020 36TH ST SW STE B FARGO, ND 58103

FEI Number: 45-0449024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOFGREN, ROBERT J VST LOFGREN, ROBERT J VST 15181 CANONGATE DR 12381 HONEYSUCKLE ROAD FORT MYERS, FL 33912 US FORT MYERS, FL 33966

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.

SIGNATURE: 09/02/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

FORT MYERS, FL 33912

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FORT MYERS, FL 33966

Title: () Delete Title: (X) Change () Addition LUND, JEFFREY P LUND, JEFFREY P Name: Name: 535 KINGSTON PLACE 8111 THREE EAGLES DR Address: Address:

City-St-Zip: WEST FARGO, ND 58078 City-St-Zip: FORT COLLINS, CO 80528

VST Title: VST Title: () Delete (X) Change () Addition LOFGREN, ROBERT J Name: Name: LOFGREN, ROBERT J 15181 CANONGATE DRIVE 12381 HONEYSUCKLE ROAD Address: Address:

City-St-Zip: Title: Title: (X) Change () Addition () Delete

LUND, ANGELA LUND, ANGELA Name: Name:

8111 THREE EAGLES DR 535 KINGSTON PLACE Address: Address: City-St-Zip: WEST FARGO, ND 58078 City-St-Zip: FORT COLLINS, CO 80528

Title: () Delete Title: (X) Change () Addition LOFGREN, DEBRA M LOFGREN, DEBRA M Name: Name:

Address: 15181 CANONGATE DRIVE Address: 12381 HONEYSUCKLE ROAD City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J LOFGREN **VST** 09/02/2008