2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# F05000003149

Entity Name: VNS CORPORATION

Current Principal Place of Business:

325 COMMERCE LOOP
VIDALIA, GA 30475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1659
VIDALIA, GA 30475

New Mailing Address:

FEI Number: 58-0536217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO- ( ) Delete
Name: PETERSON, HUGH JR
Address: 475 MANOR RIDGE DR.
City-St-Zip: ATLANTA, GA 30305

Title: PRES ( ) Delete
Name: CAMPBELL, GARY SR
Address: 1905 LAKEWOOD DR.
City-St-Zip: VIDALIA, GA 30474

Title: D ( ) Delete
Name: PETERSON, WILLIAM C
Address: P.O. BOX 5E
City-St-Zip: SOPERTON, GA 30457

Title: SEC ( ) Delete
Name: SNOOKS, BARTOW R III
Address: 812 MIRACLE LANE
City-St-Zip: VIDALIA, GA 30474

Title: CFOT ( ) Delete
Name: BLOUNT, RAY T
Address: 608 KISSINGBOWER ROAD
City-St-Zip: VIDALIA, GA 30474

Title: D ( ) Delete
Name: ELLINGTON, JACK
Address: P.O. BOX 475
City-St-Zip: SOPERTON, GA 30457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: CAMPBELL, GARY
Address: 1905 LAKEWOOD DR.
City-St-Zip: VIDALIA, GA 30474

Title: D (X) Change ( ) Addition
Name: PETERSON, WILLIAM C
Address: P.O. BOX 5
City-St-Zip: SOPERTON, GA 30457

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR PHILLIPS CONT 02/20/2007

Electronic Signature of Signing Officer or Director Date