


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90029 012 \*\*\*550.00

<b>DOCUMENT # K35185</b>	
1. Entity Name VICKIVER, INC.	

Principal Place of Business % STEPHEN A. FREEMAN 520 BRICKELL KEY DR, S-305 MIAMI, FL 33131	Mailing Address % STEPHEN A. FREEMAN 520 BRICKELL KEY DR, S-305 MIAMI, FL 33131
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**50025939**



2. Principal Place of Business 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami & FL Zip 33131 Country USA	3. Mailing Address 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami & FL Zip 33131 Country USA
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06292006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0133235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRANSGLOBAL CORP. ADMINISTRATION LLC 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CHICO, CALUDIA GOMEZ- 520 BRICKELL KEY DR., #09305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD De chico, claudia Gomez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Brickell Key Drive Suite 0-305 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: Claudia Gomez De chico 08/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-374-3800