2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

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Entity Name: VIKING ENTERPRISES, LLC

Current Principal Place of Business:

RIO VERDE, ECUADOR
ESMERALDAS, ECUADOR, FL 337313107 EC

New Principal Place of Business:

Current Mailing Address:

VIKING ENTERPRISES, CORREOS DEL ECUADOR
CASILLA 273, AV. COLON 309 ENTRE 9 DE OCTU
ESMERALDAS, ECUADOR, FL 337313107 EC

New Mailing Address:

VIKING ENTERPRISES, CORREOS DEL ECUADOR
CASILLA 273, AV. COLON 18-11
ESMERALDAS, ECUADOR, FL 337313107 EC

FEI Number: 59-3711028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, PAT
POB 3107
ST. PETERSBURG, FL 337313107 US

Name and Address of New Registered Agent:

SMITH, PAT
CASILLA 273
COLON 18-11
ESMERALDAS, ECUADOR, FL 337313107 US

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: PAT SMITH 03/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VELOZ BARRIOS, LIVANT
Address: CORREOS DEL ECUADOR, # 273 AV. COLON 309
City-St-Zip: ESMERALDAS, ECUADOR, FL 337313107 EC

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VELOZ BARRIOS, LIVANT
Address: CASILLA 273 AV. -----COLON 18-11
City-St-Zip: ESMERALDAS, ECUADOR, FL 337313107 EC

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAT SMITH MS. 03/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date