2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000009244 1. Entity Name VIKING SERVICES GROUP, LLC 05 NOV 18 AM 11: 08 Principal Place of Business Mailing Address 4690 LIPSCOMB ST. PO BOX 60508 PALM BAY, FL 32906 PALM BAY, FL 32905 2. Principal Place of Business 60508 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10132005 Chg-LLC CR2E083 (10/03) Applied For City & State 4 FEI Number 59-3724164 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SORENTH: SALBOL Street Address (P.O. Box Number is Not Acceptable) 4320 SWANNA DR. MELBOURNE, FL 32901 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR Is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. Р TITLE □ Delete TITLE ■ Addition **200061554** 11/18/05--01059--017 NAME SALBOL, SOREN H NAME 4320 SWANNA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SALBOL, BENTE NAME STREET ADDRESS 4320 SWANNA DR. STREET ADDRESS MELBOURNE, FL 32901 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



December 7, 2005

VIKING SERVICES GROUP, LLC PO BOX 60508 PALM BAY, FL 32906

SUBJECT: VIKING SERVICES GROUP, LLC

DOCUMENT NUMBER: L01000009244

In compliance with the request on your 2005 annual report/uniform business report, the certificate of status for the subject limited liability company is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051.

Jeraline Saulsberry
Annual Reports/Uniform Business Report Section Letter No. 605A00070768



Bepartment of State

I certify from the records of this office that VIKING SERVICES GROUP, LLC, is a limited liability company organized under the laws of the State of Florida, filed on June 8, 2001.

The document number of this company is L01000009244.

I further certify that said company has paid all fees due this office through December 31, 2005, that its most recent annual report was filed on November 18, 2005, and its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Seventh day of December, 2005

THE SOOD WE THE

CR2EO22 (11-05)

Babid K. Mann Secretary of State