2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L06000062419

Entity Name: VAICON INTERNATIONAL, LLC

Current Principal Place of Business:

6402 CAVA ALTA DR
SUITE 409
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

PO BOX 618482
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 20-5404806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TADEPALLI, SASI B
64022 CAVA ALZA DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

TADEPALLI, SASI B
64022 CAVA ALTA DR
SUITE 409
ORLANDO, FL 32835 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: _____ 04/19/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TADEPALLI, SASI B
Address: PO BOX 618482
City-St-Zip: ORLANDO, FL 32861

ADDITIONS/CHANGES:

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

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 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: SASI B TADEPALLI MGRM 04/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date