

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90018 039 \*\*\*150.00

40036036



03052007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # L77172</b> 1. Entity Name <b>VY AND M, INC.</b>																					
Principal Place of Business <b>7208 TURKEY CREEK RD. PLANT CITY, FL 33567</b>			Mailing Address <b>P.O. BOX 95 DURANT, FL 33530</b>																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3019354</b>																	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent <b>LUUKE, VY QUAC 1627 CRE ROAD DOVER, FL 33527</b>																					
7. Name and Address of New Registered Agent Name <b>LUU, VY QUAC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1627 CRE ROAD</b> City <b>PLANT CITY</b> <b>FL</b> Zip Code <b>32527</b>																					
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 re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P LUU, VY Q. <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>102 VALRICO STATION RD</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VALRICO, FL</td> </tr> </table>			TITLE	P LUU, VY Q. <input type="checkbox"/> Delete	NAME		STREET ADDRESS	102 VALRICO STATION RD	CITY - ST - ZIP	VALRICO, FL	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LUU, VY QUAC</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1627 CRE ROAD DOVER, FL 32527</td> </tr> </table>			TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	LUU, VY QUAC	CITY - ST - ZIP	1627 CRE ROAD DOVER, FL 32527
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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:				Date <b>3-12-07</b> Daytime Phone # _____																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																					