2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2007
Secretary of State

DOCUMENT# N02000003751

Entity Name: VICTORY COMMUNITY SERVICES, INC.

Current Principal Place of Business:

20515 NW 21 AVE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

20515 NW 21 AVE
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 30-0201426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MINIKWU, VICTOR
20515 NW 21 AVE
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MINIKWU, VICTOR
Address: 20515 NW 21 AVE
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: MEGBULUBA, OMA
Address: 4158 INVERARRY DRIVE #209
City-St-Zip: MIAMI, FL 33317

Title: D ( ) Delete
Name: CHIMARA, ENDWELL
Address: 2465 NW 207 ST
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: MILLS, VANESSA
Address: 10033 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR MINIKWU D 08/25/2007

Electronic Signature of Signing Officer or Director — Date