2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005454

Entity Name: VICTORY IN BUSINESS, INC.

FILED Jun 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7 WEST MAIN STREET SUITE 1300 APOPKA, FL 32776

Current Mailing Address: New Mailing Address:

7 WEST MAIN STREET PO BOX 367

SUITE 1300 SORRENTO, FL 32776 APOPKA, FL 32776

FEI Number: 20-1378607 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: Name and Address of New Registered Agent:

GORDON, RONALD 7 WEST MAIN STREET SUITE 1300 APOPKA, FL 32776 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 D () Delete
 Title:
 P (X) Cha

 Name:
 GORDON, RONALD
 Name:
 GORDON, RONALD

 Address:
 7 W. MAIN ST., SUITE 1300
 Address:
 32702 WOLF TRAIL

 Address:
 7 W. MAIN ST., SUITE 1300
 Address:
 32702 WOLF TRAIL

 City-St-Zip:
 APOPKA, FL 32708
 City-St-Zip:
 SORRENTO, FL 32776

Title: S () Delete Title: S (X) Change () Addition
Name: MOELLER, JOHN D Name: PARKER, JENNIFER D

Address: 32649 WOLFS TRAIL Address: 16019 E SHIRLEY SHORES RD. City-St-Zip: SORRENTO, FL 32776 City-St-Zip: TAVARES, FL 32778

Title: P () Delete Title: D (X) Change () Addition Name: ADOR, DONALD Name: GORDON, SUSAN

Address: 530 DEW DROP COVE Address: 32702 WOLF TRAIL
City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: SORRENTO, FL 32776

Title: T (X) Delete Title: () Change () Addition

 Name:
 DEVSTO, MARK A
 Name:

 Address:
 457 CYPRESS CT
 Address:

 City-St-Zip:
 GENEVA, FL 32732
 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: RONALD L. GORDON P 06/01/2009