2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N04000009900

Entity Name: VIP VOYAGERS INC

Current Principal Place of Business:

812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 915115
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 42-1657284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, FLORENCE
812 SWEETWATER CLUB
LONGWOOD, FL 32779 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: P ( ) Delete
Name: ALEXANDER, STANLEY DR.
Address: P. O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: TR ( ) Delete
Name: ALEXANDER, FLORENCE DR
Address: P. O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: SEC ( ) Delete
Name: ALEXANDER, FLORENCE DR
Address: P. O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: DIR ( ) Delete
Name: BROWN, NEVA W
Address: 4701 BONNIE BRAE RD.
City-St-Zip: PIKESVILLE, MD 21208

Title: DIR ( ) Delete
Name: COATES, WESLEY L
Address: P. O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: DIR ( ) Delete
Name: PAGE, HAROLD DR.
Address: 1623 SYLVAN COURT
City-St-Zip: FLOSSMOOR, IL 60422

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:

Title: DIR (X) Change ( ) Addition
Name: PAGE, HAROLD L DR.
Address: 1623 SYLVAN COURT
City-St-Zip: FLOSSMOOR, IL 60422

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: DR. FLORENCE ALEXANDER SEC 01/09/2008

Electronic Signature of Signing Officer or Director — Date