

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006287

FILED
Apr 24, 2007
Secretary of State

Entity Name: V.I. UNITED ASSOCIATION, INC.

Current Principal Place of Business:

2609 NW 47TH LANE
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

2609 NW 47TH LANE
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 87-0772271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, JOAN
2609 NW 47TH LANE
LAUDERDALE LAKES, FL 33313 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: PD () Delete
Name: PHILLIPS, JOAN
Address: 2609 NW 47TH LANE
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: TREA () Delete
Name: ETIENNE, ELLISON
Address: 1260 NW 155TH APT 204
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: SMITH, DIANE
Address: 11381 SW 21ST
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: SMITH, JANELLE K
Address: 1260 N.W. 155TH LANE, APT. 204
City-St-Zip: MIAMI, FL 33169

Title: SOA () Delete
Name: SMITH, DAMAL
Address: 7959 S.W. 5TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: AS () Delete
Name: KITNURSE, PATRICIA
Address: 1321 SHARAZAD BLVD., APT 6
City-St-Zip: OPA LOCKA, FL 33054

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: () 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 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: JOAN PHILLIPS

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date