2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012124

Entity Name: WEST VOLUSIA VIPERS INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 509 FERN LAKE TERRACE DEBARY, FL 32713 **Current Mailing Address: New Mailing Address:** 509 FERN LAKE TERRACE DEBARY, FL 32713 FEI Number: 37-1532877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VEGA, ANTONIO 509 FÉRN LAKE TERRACE DEBARY, FL 32713 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:

OFFICERS AND DIRECTORS:

DELTONA, FL 32738

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Change () Addition () Delete VEGA, ANTONIO Name: Name: Address: 509 FERN LAKE TERRACE Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROHMEYER, STEPHEN Name: Name: WILLIAMSON, LANCE Address: 3209 BOXELDER STREET Address: 418 MOHAVE TERR City-St-Zip: DELTONA, FL 32725 City-St-Zip: LAKE MARY, FL 32746 US Title: () Delete Title: (X) Change () Addition HERNANDEZ, ERIC MCCOLLOUGH, SHERRY Name: Name: 1001 PINDER STREET 1954 PRESCOTT BLVD Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32738 US Title: VΡ (X) Delete Title: () Change () Addition Name: STUCYNSKI, LAURIE Name: Address: 2160 DUMAS DRIVE Address:

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.

City-St-Zip:

SIGNATURE: ANTONIO VEGA PRES 03/31/2009