2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000938

City-St-Zip:

LAUDERDALE LAKES, FL 33309

FILED Jan 12, 2008 Secretary of State

Entity Name: VICTORIA HOUSE, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
907 W. WIL PERRY, FL	.COX STREE ⁻ 32347	Г				
Current Mailing Address:			New Mailir	New Mailing Address:		
1752 MORGAN WHIDDON RD PERRY, FL 32347						
FEI Number:	59-3301034	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
GLENN, CY 1752 MORO PERRY, FL	GAN WHIDDO					
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.						
SIGNATUR	E:					
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () GLENN, CYNTH 1752 MORGAN PERRY, FL 323	WHIDDON RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GLENN, SONJA 1746 MORGAN PERRY, FL 323	WHIDDON RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STEWART, MAR 155 OSCAR BE PERRY, FL 323	NJAMIN WAY	Title: Name: Address: City-St-Zip:	PHILLIPS, M	BENJAMIN WAY	
Title: Name: Address: City-St-Zip:	D () LAWSON, KENN 1752 MORGAN PERRY, FL 323	WHIDDON RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	D () CAIN, KENLYN 3980 NW 32ND		Title: Name: Address:		() Change () Addition	

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: CYNTHIA E. GLENN D 01/12/2008