

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009380

Entity Name: VETCO INTERNATIONAL, INC.

FILED  
Jan 26, 2007  
Secretary of State

## Current Principal Place of Business:

7575 KINGSPONTE PARKWAY  
UNIT 19 & 20.  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

7575 KINGSPONTE PARKWAY  
UNIT 19 & 20.  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 59-3622279      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DOSS, THOMAS E III  
500 E. ALTAMONTE DR., STE. 200  
ALTAMONTE SPRINGS, FL 32701      US

## Name and Address of New Registered Agent:

ACOSTA-RUBIO, EDWIN E  
418 CAMPUS STREET  
CELEBRATION, FL 34747      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: EDWIN E. ACOSTA-RUBIO      01/26/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEGURA, ALI  
Address: 1001 INDIGO DR.  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: GOMEZ, BAHIA  
Address: 1001 INDIGO DR.  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SEGURA, ALI  
Address: 1001 INDIGO DR.  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: LAMARCHE, CARLOS J  
Address: 319 ACADIA LN  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Change (X) Addition  
Name: ACOSTA-RUBIO, EDWIN E  
Address: 418 CAMPUS STREET  
City-St-Zip: CELEBRATION, FL 34747

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS JULIO LAMARCHE      PD      01/26/2007  
Electronic Signature of Signing Officer or Director      Date