

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90234 039 ***150.00

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04192007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000021424 1. Entity Name VSG CORP.			
Principal Place of Business 1155 MALABAR ROAD NORTH SUITE 14 PALM BAY, FL 32907 US		Mailing Address 1155 MALABAR ROAD NORTH SUITE 14 PALM BAY, FL 32907 US	
2. Principal Place of Business - No P.O. Box # 1850 W. FAIRBANKS AVE		3. Mailing Address 1850 W. FAIRBANKS AVE	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State WINTER PARK, FL.		City & State WINTER PARK, FL.	
Zip 32789	Country USA	Zip 32789	Country USA
4. FEI Number 59-3703530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMELING, SERGIO VON 1850 W FAIRBANKS AVE SUITE B WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Von Schmeling, Sergio Street Address (P.O. Box Number is Not Acceptable) 1850 W. FAIRBANKS AVE, STE B City WINTER PARK FL Zip Code 32789	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		Sergio Von Schmeling <small>(NOTE: Registered agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VON SCHMELING, SERGIO 1680 OAKHURST AVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Von Schmeling, Sergio 305 Turkey Run WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Sergio von Schmeling 04/19/07 407-740-6747 <small>Date Daytime Phone #</small>	