SIGNATURE:

Mar 26, 2007 8:00 am 2007 FOR PROFIT CORPORATION **Secretary of State** ANNUAL REPORT 03-26-2007 90056 024 ***150.00 DOCUMENT # P01000083355 V & T 2000 CORPORATION 40040800 Principal Place of Business Mailing Address 8701 CHAPMAN OAK COURT 8701 CHAPMAN OAK COURT PALM B GARDENS, FL 33410 PALM B GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Alexander Run 16427 Alexander Run 16427 Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **JUPITER** JU PI TER 65-1133442 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Iamas A. Molnar MOLNAR, A. TAMAS Street Address (P.O. Box Number is Not Acceptable) 8701 CHAPMAN OAK COURT PALM B GARDENS, FL 33410 16427 Alexander JUPITER 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. 107 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE n ☐ Delete TITLE Change ☐ Addition MOLNAR, TAMAS 11. 10427 Alexander Run 1347 MOLNAR, TAMAS A NAME NAME STREET ADDRESS 8701 CHAPMAN OAK COURT STREET ADDRESS PALM B GARDENS, FL 33410 CITY-ST-7IP CITY-ST-7IP ŦL **JUPITER** D TULLE ☐ Delete TITLE Change ■ Addition VARI, VIKTORIA 16427 Alexander Run NAME VARI, VIKTORIA NAME STREET ADDRESS 8701 CHAPMAN OAK COURT STREET ADDRESS CITY-ST-ZIP PALM B GARDENS, FL 33410 CITY-ST-ZIP 33478 SUPITER , FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TATLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 like empowered.

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED