2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P01000086897

Entity Name: V.W.A. ASSET MGMT., - INTERNATIONAL, INC.

Current Principal Place of Business:

2211 FRUITVILLE ROAD
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

PO BOX 50849
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-1134937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, DAVID L
2211 FRUITVILLE RD
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete
Name: WILLIAMS, ROBERT
Address: 2211 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34237

Title: CEO ( ) Delete
Name: VENGROFF, MARK
Address: 18 CAPE FRIO
City-St-Zip: NEWPORT COAST, CA 92657

Title: VP ( ) Delete
Name: VENGROFF, JOEL
Address: 777 LARKFIELD RD
City-St-Zip: COMMACK, NY 11725

Title: S ( ) Delete
Name: CARINO, KRISTY
Address: 777 LARKFIELD RD
City-St-Zip: COMMACK, NY 11725

Title: CTO ( ) Delete
Name: TOREK, GABE
Address: 1600 SOUTH OCEAN BLVD #2106
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: CTO (X) Change ( ) Addition
Name: TOREK, GABE
Address: 2521 NE 48 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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

SIGNATURE: ROBERT WILLIAMS CFO 04/13/2009

Electronic Signature of Signing Officer or Director — Date