## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000102245

Entity Name: VANO INC.

FILED Apr 29, 2005 Secretary of State

Entity Nai	me: VANO IN	C.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9-2312 ALCLOBE CIR OCOEE, FL 34761			2312 ALCLOBE CIR OCOEE, FL 34761	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2312 ALCI OCOEE, F			2312 ALCLOBE CIR OCOEE, FL 34761	US	
FEI Number	: 01-0626636	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LARSON, CARNINE 1510 E COLONIAL DRIVE STE 307 ORLANDO, FL 32803 US			5950 LAKEHURST D	LARSON, CAROLINE 5950 LAKEHURST DR STE 246 ORLANDO, FL 32819 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: CAROLI	NE LARSON		04/29/2005	
	Electro	nic Signature of Registered Ago	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ALMEIDA, VAL 2312 ALCLOB OCOEE, FL 3	E CIR.	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( OLIVEIRA, HA' 2312 ALCLOB OCOEE, FL 3	E CIR.	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	D ( SILVA, EDISO 1357 WOODW APOPKA, FL 3	IND DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VALDECIR ALMEIDA P 04/29/2005