

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000104531

FILED
Jun 14, 2009
Secretary of State**Entity Name:** VINE VISTA, INC.**Current Principal Place of Business:**2985 VINELAND RD.
KISSIMMEE, FL 34746**New Principal Place of Business:**487 KASSIK CIR
ORLANDO, FL 32824**Current Mailing Address:**3492 POLYNESIAN ISLE BLVD
KISSIMMEE, FL 34746**New Mailing Address:**487 KASSIK CIR
ORLANDO, FL 32824**FEI Number:** 59-3757125**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RYANS, CALMONT A
3492 POLYNESIAN ISLE BLVD
KISSIMMEE, FL 34746 US**Name and Address of New Registered Agent:**EL-ISIS, MOHAMMAD
487 KASSIK CIR
ORLANDO, FL 32824 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: MOHAMMAD EL-ISIS

06/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: ELISIS, JAMIL
Address: 13722 LAGOON ISLE APT. 108
City-St-Zip: ORLANDO, FL 32824**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: EL-ISIS, MOHAMMAD
Address: 487 KASSIK CIR
City-St-Zip: ORLANDO, FL 32824

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: MOHAMMAD EL-ISIS

P

06/14/2009

Electronic Signature of Signing Officer or Director

Date