2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P01000104871** 04-28-2005 90208 002 ***150.00 1. Entity Name THE VBM GROUP, INC. 14006043 Principal Place of Business Mailing Address 12788 W. FOREST HILL BLVD., SUITE 2005 12788 W. FOREST HILL BLVD., SUITE 2005 WELLINGTON, FL 33414 WELLINGTON, FL 33414 No Chg-P CR2E034 (10/03) 04202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1151415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHON, VALEER B DO NOT WRITE 12788 W. FOREST HILL BLVD., SUITE 2005 WELLINGTON, FL 33414 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE MAHON, VALEER B NAME STREET ADDRESS 5130H ELMHURST RD. CITY-ST-ZIP W. PALM BCH, FL 33417 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 of the corporation or the received

STREET ADDRESS CITY-ST-ZIP

FILED