## 2007 FOR PROFIT CORPORATION

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT 04-30-2007 90836 038 \*\*\*150 00 **DOCUMENT # P01000109075** VIP ACCOUNTING SERVICES, INC. 40092981 Principal Place of Business Mailing Address 1111 KANE CONCOURSE #609 1111-KANE-CONCOURSE #609 BAY-HARBOR ISLANDS, FL 33154 BAY HARBOR ISLANDS, Ft 33154 01072007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 52-2358254 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BLANCO, GLADYS 1111-KANE-CONCOURSE #609-BAY-HARBOR ISLANDS, FL 33154 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. (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, 2007 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Addition TITLE PTD Delete TITLE BLANCO, GLADYS NAME NAME STREET ADDRESS 1,141-KANE CONCOURSE #609> STREET ADDRESS BAY HARBOR ISLANDS, FL 33154 CITY-ST-ZIP CITY-ST-ZIP Addition VSD Delete TITLE TITLE BLANCO, DENNIS C NAME NAME 1111 KANE CONCOURSE #609 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filling 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 pther like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

**FILED**