FILED Apr 29, 2004 8:00 am Secretary of State

 2004 FOR PROFIT CORP ANNUAL REPO	N

	DOCUMENT # P02000044008 1. Entity Name VT HOLDINGS, INC.				04-29-2004 90288 022 ***158.75				
2. Principal Paper of Business Suito, Apt. 4, etito Suito, Apt. 4, etito City 5 State City 6 State City 7 State City 7 State City 7 State City 7 State City 6 State City 7 State City 8 State City 9 Sta	SUITE 200		3200 Tamiami Trail North Suite 200			11011	015		
Suite, Apt. 4, etc.									
City & State County City & State County Coun	·								3 11 8 6 11
Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity, authoris: this statement for the purpose of changing its registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. Lent termitar with, and accept the obligations of registered agent. Or both, in the State of Florida. SIGNATURE Signature Agents D. ACCEPT Termitary Control or State of Control or Registered agent. Or both, in the State of State of Control or Registered agent. Or both, in the State of State of Control or Registered agent. Or both, in the State of State of Register	Suite, Apt. #, etc.							CR2E034 (10/	
Signature S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Nam	City & State		City & State						
NATION Name	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	\$8.75 Fee Red	Additional quired
Sizes Address (P.O. Box Number is Not Acceptable) Sizes Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 colligations of registered agent. SIGNATURE: NOTE insignment Agent specimen required where registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. NOTE insignment Agent specimen required where registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. NOTE insignment agent agen		6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Change Addition INDIE Ingistered Agents approach required septime required sep	3200 TAMIAMI TRAIL NORTH			Street Address		(P.O. Box Numbe	r is Not Acceptable	e) 	
8. The above named entity automits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. Tem familiar with, and accept the colliptations of registored agent. SIGNATURE	NAPLES, F	FL 34103			City			□ Zip	Code
SIGNATURE Spentane, ligned or politiced name of importmental agent and into Propolitication. (INOTE: fregative of Agental approaches required of whom recognizing) PILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$5550.00 9. Election Campaign Financing Trust Fund Contribution. ITILE DP FERRAO, AUBREY J SIRET ADDRESS TITLE NAME FERRAO, AUBREY J SIRET ADDRESS TO CLUB CENTER BLVD. SIRET ADDRESS TITLE DP SIRET ADDRESS TITLE SIRET ADDRESS TITLE DP SIRET ADDRESS TITLE SIRET ADDRES			for the purpose of changing its	s registere	<u> </u>	red agent, or bol	h, in the State of Flo	<u></u>	_
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP	SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable. (NO)	TE: Registere	d Agent signature require	d when reinstating)		DATE	
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CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify 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 other like empowered. SIGNATURE: 4/15/04 (239) 732–9400	1	•							
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