## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000089385  1. Entity Name VNS INTERNATIONAL, INC.				Secretary of Sta		
2949 SW 18 STE 10	ce of Business B TERRACE ERDALE, FL 33315	Mailing Address P.O. BOX 9386 TAVERNIER, FL 33070				
	OO NOT WRITE	IN THIS SDA	<b>C</b> E		No Chg-P	CR2E034 (11/05)
<b>L.</b>	O NOI WRITE	IN THIS SEA	CE	4. FEI Number 52-237914		Applied For Not Applicable  \$8.75 Additional
	The second secon	4		5. Certificate of St	atus Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent				s t
HOROWITZ, EDNA 208 TIDE ANENUE TAVERNIER, FL 33070				. 1	OT WF	
the obligation	e named entity submits this statement for th tions of registered agent.  Signature, typed or printed name of registered agent and the	ille if applicable (NOTE, Registere	id Agent signature require	d when reinstating)	the State of Florid	da. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				.00 May Be ded to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P KEELEY, BENJAMIN 2949 SW 18 TERRACE # 10 FORT LAUDERDALE, FL 33315	RECTORS			- ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONT EAGDENDALE, TE 33313	,		0.	U000007 1/28/08-8	94315 0003-003 150.00
TITLE NAME 'STREET ADURESS' CITY-ST-ZIP		na fad ni Mijaa i Najiri ni ni na ma me ni ni ni i na	on a samatation	ĐỔ N	ΘT-WF	RITE:
TITLE NAME STREET ADDRESS				. IN TH	IS SPA	ACE

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 addless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 394 8087

Daytime Phone #