2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2007 08:00 AM Secretary of State DOCUMENT # P03000015366 1. Entity Name VEI WEST, INC. Principal Place of Business Mailing Address 5101 N.W. 21ST AVE. SUITE 142 FT. LAUDERDALE FL 33309 5101 N.W. 21ST AVE. SUITE 142 FT. LAUDERDALE FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 02-0672079 Not Applicable Country Zip Country 7_{iD} \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITTELBERG, BARRY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 8100 N. UNIVERSITY DRIVE 102 FT. LAUDERDALE FL 33321 Zıp Code City 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 tille it applicable. (NOTE: Registered Agent's ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. IIIII. Change Delete HILE TOMA, GEORGE NAMI NAM U00000641971 5101 N.W. 21ST AVE, SUITE 142 STREET ADDRESS STREET ADDRESS 03/01/07-80022-007 150.00 FT. LAUDERDALE FL 33309 CHY-SI-ZIP CHY-S1-7IP ☐ Deleic Change ■ Addition HULSE, KELLY NAME NAM 5101 N.W. 21ST AVE. SUITE 142 STRELL ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-S1-7IP CITY-ST-7IP ☐ Change Addition HHE ☐ Delete TITLE BADER, MARTY NAME NAME 5101 N.W. 21ST AVE. SUITE 142 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-7/P CHY-ST-ZIP □ Change ☐ Addition Delete NAME: NAMI STRUCT ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SI-ZIP Delete ☐ Change Addition TITLE HIEF NAMI NAME STREET ADDRESS STREET ADDRESS CHY+ST-7IP CITY-ST-ZIP HIIC Delete TITLE Change Addition NAMI: NAMI STRULL ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7P

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; 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 appendence, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED