2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032380

Title:

Name:

Address: City-St-Zip:

FILED Apr 10, 2009 Secretary of State

Entity Name: VV CAPITAL HOLDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** %CLOCKWORK, PLAZA FIVE POINTS 50 CENTRAL AVENUE, SUITE 920 SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** %CLOCKWORK, PLAZA FIVE POINTS 50 CENTRAL AVENUE, SUITE 920 SARASOTA, FL 34236 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ABRAMS, JAMES D Name: Name: 50 CENTRAL AVENUE, SUITE 920 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ABRAMS, JAMES D Name: 50 CENTRAL AVENUE, SUITE 920 Address: Address: SARASOTA, FL 34236 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition CFO GRABOWSKI, PETER C JR. GRABOWSKI, PETER C JR. Name: Name: 50 CENTRAL AVENUE, SUITE 920 50 CENTRAL AVENUE, SUITE 920 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: **VPS** () Delete Title: (X) Change () Addition MCCANE, KERRY D GRABOWSKI, PETER C JR Name: Name: Address: 50 CENTRAL AVENUE, SUITE 920 Address: 50 CENTRAL AVENUE, SUITE 920 City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER C. GRABOWSKI, JR. S 04/10/2009

() Delete

50 CENTRAL AVENUE, SUITE 920

MILHORN, GATHA K

SARASOTA, FL 34236

() Change () Addition