

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045100

Entity Name: VILLACONN INC.

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

SW 53 AVE UNIT 23360-H
BOCA RATON, FL 33433

New Principal Place of Business:

2840 SANDPINES CT
LANTANA, FL 33462

Current Mailing Address:

SW 53 AVE UNIT 23360-H
BOCA RATON, FL 33433

New Mailing Address:

101 YOUR HOST LANE
CINNAMINSON, NJ 08077

FEI Number: 58-2671277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBAS, BLANCA
SW 53 AVE UNIT 23360-H
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

COMBAS, BLANCA
2840 SANDPINES CT.
LANTANA, FL 33462 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:

05/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLAMIL, ALFREDO
Address: SW 53 AVE UNIT 23360-H
City-St-Zip: BOCA RATON, FL 33433

Title: SM () Delete
Name: HAND, CASSANDRA
Address: 101 YOUR HOST LANE
City-St-Zip: CINNAMINSON, NJ 08077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VILLAMIL, ALFREDO
Address: 101 YOUR HOST LANE
City-St-Zip: CINNAMINSON, NJ 08077

Title: SM (X) Change () Addition
Name: VILLAMIL, CASSANDRA
Address: 101 YOUR HOST LANE
City-St-Zip: CINNAMINSON, NJ 08077

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CASSANDRA VILLAMIL

SM

05/11/2006

Electronic Signature of Signing Officer or Director

Date