



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90067 041 ***150.00

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| DOCUMENT # P03000067615 | | | |  | |
| 1. Entity Name V.P. MANAGER, INC. | | | | | |
| Principal Place of Business 11140 ROCKVILLE PIKE SUITE 502 ROCKVILLE, MD 20852 | | | Mailing Address 11140 ROCKVILLE PIKE SUITE 502 ROCKVILLE, MD 20852 | | |
| 2. Principal Place of Business - No P.O. Box # 11200 ROCKVILLE PIKE | | 3. Mailing Address 11200 ROCKVILLE PIKE | |  | |
| Suite, Apt. #, etc. SUITE 502 | | Suite, Apt. #, etc. SUITE 502 | | 03292007 Chg-P CR2E034 (12/06) | |
| City & State ROCKVILLE, MD | | City & State ROCKVILLE, MD | | 4. FEI Number 05-0573614 | |
| Zip 20852 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC BRESLER, CHARLES 11200 ROCKVILLE PIKE STE 502 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO BRESLER, SIDNEY M 11200 ROCKVILLE PIKE STE 502 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANGERMAN, DEBBIE BOWERS 27140 GUM SPRINGS ROAD CHANTILLY, VA 20152 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CAFARDI, JEAN S 11200 ROCKVILLE PIKE STE 502 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVPT EDESTEIN, DARRYL M 11200 ROCKVILLE PIKE STE 502 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COOVRT EDELSTEIN, DARRYL M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Jean S. Cafardi</u> | | | Date: <u>4/16/07</u> Daytime Phone #: <u>(301)945-4300</u> | | |