2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P03000107651

Entity Name: VECTOR APPRAISAL II, INC.

Current Principal Place of Business:

15203 SW 147 CT
MIAMI, FL 33187

New Principal Place of Business:

1514 ALGONKIN LOOP
ORLANDO, FL 32828

Current Mailing Address:

15203 SW 147 CT
MIAMI, FL 33187

New Mailing Address:

1514 ALGONKIN LOOP
ORLANDO, FL 32828

FEI Number: 76-0749804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLAN, IRMA S
15203 SW 147 CT
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

MILLAN, IRMA S
1514 ALGONKIN LOOP
ORLANDO, FL 32828 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: 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MILLAN, IRMA S
Address: 15203 SW 147 CT
City-St-Zip: MIAMI, FL 33187

Title: DST ( ) Delete
Name: RAMOS, IVETTE
Address: 15203 SW 147 CT
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MILLAN, IRMA S
Address: 1514 ALGONKIN LOOP
City-St-Zip: ORLANDO, FL 32818

Title: DST (X) Change ( ) Addition
Name: RAMOS, IVETTE
Address: 1514 ALGONKIN LOOP
City-St-Zip: ORLANDO, FL 32828

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.

SIGNATURE: IRMA SILVESTRE MILLAN DP 04/29/2008
Electronic Signature of Signing Officer or Director — Date