2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 04, 2007 8:00 am Secretary of State **DOCUMENT # P03000153212** 1. Entity Name 04-04-2007 90176 042 ***150 00 VEKTOR MOTOR VEHICLES, INC. Mailing Address Principal Place of Business 8671 N PALAFOX BLVD SUITE B 8671 N PALAFOX BLVD SUITE B PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03272007 CR2E034 (12/06) Chq-P 8596 8596 Orange AUC City & State PenSA CO /A City & State 4. FEI Number Applied For PINSA COLA 04-3781532 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 2534 32534 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Bass and Sandfort Accountants PA Stree 1840 SW 22ND ST. 1301 West Garden Street 4TH FLOOR Pensacola, FL 32501-4504 MIAMI, FL 33145 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Chanse Address PTD Change Addition Delete TITLE TITLE RIESENBERG, BROCK NAME NAME 8596 OFASE AVE STREET ADDRESS STREET ADDRESS 8671 N PALAFOX BLVD SUITE B Pensacula FC 32534 CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-71P Charse Address Change VSD Addition TITLE ☐ Delete TITLE RIESENBERG, BRYANT B NAME NAME 8596 OFANSE AVE STREET ADDRESS 8671 N PALAFOX BLVD SUITE B STREET ADDRESS INSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32534 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITL E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP [...] Delete TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 it 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 employees, with all other than empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIR

FILED