


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90100 035 ***150.00

DOCUMENT # P04000000276		
1. Entity Name VCI MARKETING CO <i>NOW KNOWN AS</i> <i>CVY MARKETING CO</i>		

Principal Place of Business 851 FIFTH AVENUE NORTH SUITE 305 NAPLES, FL 34102 US	Mailing Address 568 NINTH STREET SOUTH PMB 355 NAPLES, FL 34102 US
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... 50028466



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2430566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YOUNG, DAVID F 851 FIFTH AVE NORTH SUITE 305 NAPLES, FLORIDA, FL 34102
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DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>TD</i> YOUNG, DAVID F 568 NINTH STREET SOUTH, PMB 355 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>TD</i> UMBERGER, KRISTEN R <i>NGOC VAN THI VU</i> 568 NINTH STREET SOUTH, PMB 335 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P VP TS</i> LIGON THOMAS, LACEY <i>NGOC VU</i> 568 NINTH STREET SOUTH, PMB 335 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, trustee or 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND EITHER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 05 786 4178910
Date Daytime Phone #