2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000040775

1. Entity Name

VAC INVESTMENT GROUP, INC.



Mailing Address

Principal Place of Business 3166 BROOK STREET STUART, FL 34997

3166 BROOK STREET STUART, FL 34997

FILED Apr 25, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0753017 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

BEACON ACCOUNTING SERVICE, INC. 3135 S.W. MAPP ROAD PALM CITY, FL 34990

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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 the obligations of registered agent.	n familiar with, and	d accept
C)	SIGNATI IDE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OFFICERS AND DIRECTORS

U00000728626 05/08/07-80006-003 150.qo

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07

Daytime Phone #