


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000090007</b> 1. Entity Name VIAFINANCE, INC.	
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Principal Place of Business 631 W MORSE BLVD SUITE 200 WINTER PARK, FL 32789-3730	Mailing Address 631 W MORSE BLVD SUITE 200 WINTER PARK, FL 32789-3730
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1272473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GREN, FRANK M 631 W MORSE BLVD SUITE 200 WINTER PARK, FL 32789-3730
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHER, MICHAEL C 631 W MORSE BLVD STE 200 WINTER PARK, FL 327893730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREN, FRANK M 631 W MORSE BLVD STE 200 WINTER PARK, FL 327893730
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<p>U00000664705 03/22/07-80056-015 150.00</p> <p>V00000668105 03/19/07-20089-0115 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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:** Frank M Gren 3/5/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #