


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000125996</b> 1. Entity Name <b>V.P.M. ENTERPRISES, INCORPORATED</b>						FILE 06 OCT 18 PM 3:32 SEC. TALLAH.	
Principal Place of Business <b>3102 W FOUNTAIN BLVD TAMPA, FL 33609</b>				Mailing Address <b>3102 W FOUNTAIN BLVD TAMPA, FL 33609</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>VAN PELT, CHARLOTTE ANNE 3102 W FOUNTAIN BLVD TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				4. FEI Number <b>20-1464002</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
SIGNATURE <i>Charlotte A Van Pelt</i>				DATE <b>10-10-06</b>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>MULLIN, IV, CHARLES G</b> STREET ADDRESS <b>8403 JACKSON SPRINGS RD</b> CITY-ST-ZIP <b>TAMPA, FL 33615</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>500080832275</b> STREET ADDRESS <b>10/13/06--01051--004</b> CITY-ST-ZIP <b>*\$150.00</b>			
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>VAN PELT, CHARLOTTE ANNE</b> STREET ADDRESS <b>3102 W FOUNTAIN BLVD</b> CITY-ST-ZIP <b>TAMPA, FL 33609</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>10205 S.E. Giel Scout Camp Road</b> STREET ADDRESS <b>TEQUESTA, FL 33469</b> CITY-ST-ZIP			
TITLE <b>ST</b> <input type="checkbox"/> Delete NAME <b>VAN PELT PROVENCHER, ERINN</b> STREET ADDRESS <b>3065 NE 174 DR</b> CITY-ST-ZIP <b>OKEECHOBEE, FL 34972</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Charlotte A Van Pelt</i>				Date <b>10-10-06</b> (813) 876-9823			