

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90846 046 ***150.00

DOCUMENT # P04000171076

1. Entity Name
V CONNECT U INC.



Principal Place of Business
459 BRANDON TOWN CENTER MALL
9095
BRANDON, FL 33511 US

Mailing Address
3803 PRESERVE COURT
BLDG 14, APT 204
TAMPA, FL 33624

40093479



2. Principal Place of Business - No P.O. Box #
459 BRANDON TOWN CENTER MALL
Suite-Apt. #, etc.
567

3. Mailing Address
4613 POND RIDGE DR
Suite, Apt. #, etc.

City & State
BRANDON FL
Zip
33511
Country
USA

City & State
RIVERVIEW FL
Zip
33569
Country
USA

04062007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2348772
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAJAJ, SAMEER
3803 PRESERVE COURT
BLDG 14, APT 204
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name
PUNWANI, AMEET
Street Address (P.O. Box Number is Not Acceptable)
ONE TAMPA CITY CENTER
SUITE 2505
City
TAMPA FL Zip Code
33602

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]* AMEET A. PUNWANI 4/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
BAJAJ, SAMEER
3803 PRESERVE COURT, BLDG 14, APT 204
TAMPA, FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *[Signature]* (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 904-434-2020
Date Daytime Phone #