2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 29, 2007 08:00 AM DOCUMENT # P04000172230 **Secretary of State** 1. Entity Name VINCENT LINES INC Principal Place of Business Mailing Address **6 BUTTONWELL LN 6 BUTTONWELL LN** PALM COAST, FL 32137 US PALM COAST, FL 32137 US 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2056411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VINCENTE, WALTER DO NOT WRITE **6 BUTTONWELL LN** PALM COAST, FL 32137 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. Signature, typed or printed name of registered agent and fitte if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HITLE VICENTE, WALTER NAME **6 BUTTONWELL LN** STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 VICENTE, DOLLY NAME STREET ADDRESS **6 BUTTONWELL LN** PALM COAST, FL 32137 CITY-ST-ZIP 3513 E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP RETEE 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.

Date

FILED