2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000003222 FILED 1. Entity Name VYP PRIVATE CAPITAL GROUP, INC. 08 APR 24 AM 7: 31 Principal Place of Business Mailing Address OF STATE TALLAHASSEE, FLORIDA 9350 CONROY WINDERMERE ROAD 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 WINDERMERE, FL 34786 CR2E034 (11/05) 03312008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VOSS, JEFFERSON R NAME 9350 CONROY WINDERMERE ROAD STREET ADDRESS 000125297230 04/23/08--01026--006_**9463.75 CITY-ST-ZIP WINDERMERE, FL 34786 VSD TITI F NAME PIERCY, TYLER STREET ADDRESS 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 true ee 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 a factors, with all other time empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08

407 - 909-9000

Daytime Phone #