2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011699

Entity Name: "VITEC CONSULTING GROUP, INCORPORATED."

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3510 NW 35 TERRACE 2022 SW 81 AVENUE

LAUDERDALE LAKES, FL 33309 NORTH LAUDERDALE, FL 33068

Current Mailing Address: New Mailing Address:

3510 NW 35 TERRACE PO BOX 492121

LAUDERDALE LAKES, FL 33309 FORT LAUDERDALE, FL 33349

FEI Number: 42-1658822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACQUES, MOISE
3510 NW 35 TERRACE
JACQUES, MOISE
2022 SW 81 AVENUE

LAUDERDALE LAKES, FL 33309 US NORTH LAUDERDALE, FL 33068 US

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.

SIGNATURE: JACQUES R MOISE 04/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: V (X) Change () Addition

 Name:
 KILLICK DOLSAINT
 Name:
 KILLICK DOLSAINT

 Address:
 3510 NW 35 TERRACE
 Address:
 2022 SW 81 AVENUE

City-St-Zip: LAUDERDALE LAKES, FL 33399 US City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: V () Delete Title: P (X) Change () Addition

Name: JACQUES R MOISE Name: JACQUES R MOISE

Address: 3510 NW 35 TERRACE Address: 2022 SW 81 AVENUE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 MARLIE SYLVESTRE

 Address:
 Address:
 2022 SW 81AVENUE

City-St-Zip: City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 KARYNE S. POMPILUS

 Address:
 Address:
 2022 SW 81 AVENUE

City-St-Zip: City-St-Zip: NORTH LAUDERDALE, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES R MOISE P 04/10/2009