## 2007 FOR PROFIT CORPORATION

## Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000036261** 04-16-2007 90331 011 \*\*\*150.00 VLAD CONSTRUCTION INC. Principal Place of Business Mailing Address 4851 GLENBURNE DR 3038 EASTLAND BLVD SPRING HILL, FL 34609 #209 CLEARWATER, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3038 EASTLAND BLVD Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State CLEARWATER FL Zin Country City & State 4. FEI Number Applied For 20-2461963 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VLADIMIR MALSKY Street Address (P.O. Box Number is Not Acceptable) MALSKY, VLADIMIR 4851 GLENBURNE DR 9 30 38 EASTLAND BLVD, # F 209 City CLEAR WATER FL Zig Code 1 2 3 7 6 1 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. Lam familiar with, and accept the obligations of registered agent. VLAD INTR MALSKY SIGNATURE I MEANERY SPRING-HILL, FL 34609 SIGNATURE Signalure, typed or printed name of registering agent and title if applicable. REG - AGENT 3/27/07 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Addition MALSKY, VLADIMIR NAME NAME 3038 EASTLAND OLVD, \*F209 CLEARWATER, FL 33761 4851 GLENBURNE RD STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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: \*\*SIGNATURE\*\* \*\*SIGNATURE\*\* \*\*Date\*\* \*\*

FILED