2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM **Secretary of State**

	WILLIAM INTERPRETATION
DOCUMENT #	P05000041171
1. Entity Name	
V3IP SOLUTIONS, IN	IC.

Principal Place of Business

1234 NW 168TH AVENUE PEMBROKE PINES, FL 33028 US Mailing Address

1234 NW 168TH AVENUE PEMBROKE PINES, FL 33028



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

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1082007	No Chg-P	CR2E034 (11/05)

4. FEI Number 13-4295461 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

DILLENBURG, EUGENIO C V3IP SOLUTIONS, INC. **1234 NW 168TH AVENUE** PEMBROKE PINES, FL 33028

DO NOT WRITE 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	1 applicable (NOTE F	Registered Agent signature	required when remetating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLENBURG, EUGENIO C 1234 NW 168TH AVENUE PEMBROKE PINES, FL 33028		:	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					900000672907 03/29/07-80007-025 158.7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE		
TITLE NAME STREET ADDRESS : CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corp	ertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered	ing does not qualify for the document and that my to execute this report as	he exemptions cor signature shall have required by Chap	ntained in Chapter 119 re the same legal effecter 607, Florida Statute	Plorida Statutes. I further certify that the information at as if made under oath; that I am an officer or director as and that my name appears in Block 10 or Block 11 if		

GNING OFFICER OR DIRECTOR