## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

**DOCUMENT # P05000124114** 2007 DEC 13 AM 8: 34 1. Entity Name VCI LEASING, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 310 BRUNSON BLVD. 310 BRUNSON BLVD. STF 109 STE. 109 COCOA, FL 32922 US COCOA, FL 32922 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. `CR2E034 (12/06) 05072007 City & State City & State Applied For 13-4361098 Not Applicable Zip Country 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 CARMONA, VERONICA Street Address (P.O. Box Number is Not Acceptable) 1110 MAI KAI DRIVE MERRITT ISLAND, FL 32953 City Zip Code 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 site if applicable (NOTE: Registered Agent aigneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ ∩alete TITLE Hughes, Deronica. CARMONA, VERONICA NAME NAME 1110 MAIKALOR STREET ADDRESS STREET ADDRESS memitt Island FL 32953 CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY+ST-2IP TITLE ☐ Chance ☐ Additte TITLE Deleta NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REINSTATEMEN Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZDP ШLE Delete TITLE ☐ Addition NAME HUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 higher 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 321.609.2679 Menonica Hughes 05.01.07

05-09-2007 90129 001 \*\*\*300.00

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December 3, 2007

Florida Department of State Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is to ask for reinstatement of VCI Leasing, Inc. I had mailed the form with the FEI number on it and apparently you did not receive it. Attached is another copy with the FEI number on it. Please waive the reinstatement fee, I was not aware of the circumstances in which you did not receive the proper paperwork.

Sincerely,

Veronica Hughes

President

VCI Leasing, Inc.