## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## 04-26-2007 90215 006 \*\*\*158.75 **DOCUMENT # P06000004767** VANN ANDERSON HOLDINGS, INC. 66015440 Principal Place of Business Mailing Address 7785 SW 66TH ST. 7785 SW 66TH ST. MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. HOLDINGS, VANN A Street Address (P.O. Box Number is Not Acceptable) 7785 SW 66TH ST. MIAMI, FL 33143 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Oelete HILF ☐ Change ☐ Addition NAME VANN, PEGGY NAME STREET ADDRESS 7785 SW 66TH ST. STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33143 CITY-S1-ZIP MLE Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARAG NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CDY - \$1-7P TITLE Delete ME Addition NUME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 51 - 71P TITLE ☐ Delete DTLL ☐ Addition NAME STREET ADOPESS STREET ADDRESS CITY-ST-ZIP CITY-S1-712 TITLE 10116 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filting 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 path; that I am an officer or director of the occupred 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, withyall other like empowered. SIGNATURE:Y

May 18, 2007 8:00 am Secretary of State