2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # P0600000 VINYL PRODUCTS INC.				04-23-2007	901260	01 ***3	00.00	
Principal Plac	ce of Business	Mailing Address							
P.O. BOX 15643 P.O. BOX 15643 PANAMA CITY, FL 32401 PANAMA CITY, FL 32401			01			•4 1			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
						ETITE BIKI BAYA KURI BUKI	a sem atim Ma	I OMAN BAHI S.	EISTI II (N.M.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEL Numbe	409736	9		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Ad	ditional id
	6. Name and Address of Curren	t Registered Agent	1		7. Name and	Address of New R			
Knowle			Nan	ne			···		
- KNOLES , GAIL □ 1604 LOUISE AV □ PANAMA CITY, FL 32401			Stre	Street Address (P.O. Box Number is Not Acceptable)					
			City	,				Zip Cod	
0 The share			i			is the Oracle of the	FL	<u> </u>	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered offic	ce or register	ed agent, or bott	n, in the State of Fig	irica. I am ra	imiliair with,	and accept
SIGNATURE:	Sail Freul					4-13	-2007	,	
Sidiratory.	Signature, typed or printed name of registered ager	nt and etile if applicable. (NOT)	E: Registered Agent :	signature required	when reinstating)		DATE		
Fil. After M	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont		\$5.	00 May Be ed to Fees				
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11
TITLE	ST CAN	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	KNOWLES, GAIL P.O. BOX 15643		NAME Street addr	IESS					
CITY-\$1-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP						:
TITLE	V	☐ Defete	TITLE					☐ Change	☐ Addition
NAME	KNOWLES, FRANK		NAME						
STREET ADDRESS	P.O. BOX 15643 PANAMA CITY, FL 32401		STREET ADDR						
TITLE	P	☐ Delete	TITLE			·		☐ Change	Addition
NAME	VOSSEN, AMANDA	_ 5335	NAME						
STREET ADDRESS	P.O. BOX 15643		STREET ADDR	-		-	_		
CITY-ST- DP	PANAMA CITY, FL 32401		CITY-ST-ZIP						
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STREET ADDRESS				1					
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TITLE		☐ Delete	CITY-ST-ZIP	ESS			<u> </u>	□ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDR	ESS				Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP HITLE NAME STREET ADDRESS CITY-SI-ZIP	certify that the information supplied wi	☐ Delete	CITY-ST-ZIP TITLE MAME STREET ADDR CITY-ST-ZIP TITLE MAME STREET ADDR CITY-ST-ZIP	SESS SESS	in Chapter 119	Floring Statutae	1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP 12. hereby indicates	certify that the information supplied wid on this report or supplemental report	Delete th this filling does not qualify to is true and accurate and that re-	TITLE MAME STREET ADDR CITY-S1-ZIP TITLE MAME STREET ADDR CITY-S1-ZIP OTHER CITY-S1-ZIP OTHER TWY SIGNATURE STREET	SESS Ins contained hall have the s	same legal effect	as if made under c	further certify	Change that the in	Addition
TITLE NAME STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P 12. hereby indicates of the co	d on this report or supplemental report rporation or the receiver or trustee em d, or on an attachment with an address	Delete th this filing does not qualify to is true and accurate and this her powered to execute his her report	CITY-ST-ZIP TITLE MAME STREET ADDR CITY-ST-ZIP TITLE MAME STREET ADDR CITY-ST-ZIP or the exemption my signature sh	SESS Ins contained hall have the s	same legal effect	as if made under c	further certify	Change that the in	Addition