
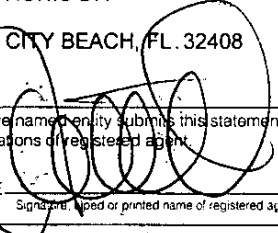
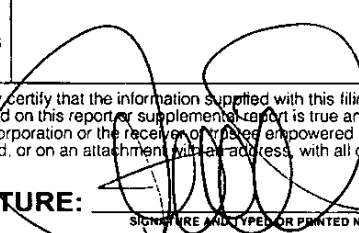


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90102 010 ***150.00

DOCUMENT # P06000039021 1. Entity Name VMR-SPRAY INC			
Principal Place of Business 7120 PATRONIS DR 2304 PANAMA CITY BEACH, FL 32408 US		Mailing Address 7120 PATRONIS DR 2304 PANAMA CITY BEACH, FL 32408 US	
2. Principal Place of Business - No P.O. Box # 11787 West Atlantic Blvd		3. Mailing Address 11787 West Atlantic Blvd	
Suite, Apt. #, etc. Unit 321		Suite, Apt. #, etc. Unit 321	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071		Zip 33071	
Country US		Country US	
4. FEI Number 20-4519418		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, VICTOR-MANUEL 7120 PATRONIS DR 2304 PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P,VP	NAME RODRIGUEZ, VICTOR MANUEL	<input type="checkbox"/> Delete	TITLE PVP
STREET ADDRESS 7120 PATRONIS DR SUITE 2304	CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Rodriguez
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP 11787 W. Atlantic Blvd, Unit 321	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 11787 W. Atlantic Blvd, Unit 321
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Coral Springs, FL 33071
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Coral Springs, FL 33071
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Coral Springs, FL 33071
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Coral Springs, FL 33071
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Coral Springs, FL 33071
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Coral Springs, FL 33071
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 to this report, with all other like empowered.			
SIGNATURE: 		President 4/30/07 954 461 4723 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	