


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90018 047 ***158.75

DOCUMENT # P06000060637	
1. Entity Name VICK'S CORPORATION	

Principal Place of Business 32408 HOLOPAW TRAIL SORRENTO FL 32776 US	Mailing Address P O BOX 910 SORRENTO FL 32776 US
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2. Principal Place of Business - No P.O. Box # 32408 32330 Holopaw Trail Suite, Apt. #, etc.	3. Mailing Address P.O. Box 910 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Sorrento FLA.	City & State Sorrento FL
Zip 32776	Zip 32776
Country	Country

4. FEI Number 204779620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCABE, VICTORIA J 32408 HOLOPAW TRAIL SORRENTO FL 32776	7. Name and Address of New Registered Agent Name McCabe Victoria J Street Address (P.O. Box Number is Not Acceptable) 32330 Holopaw Trail City Sorrento FL Zip Code 32776
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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 if applicable. (NOTE: Registered Agent signature required when terminating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MCCABE, VICTORIA J STREET ADDRESS 32408 HOLOPAW TR CITY ST ZIP SORRENTO FL 32776 <input type="checkbox"/> Delete	TITLE P	NAME McCabe Victoria J STREET ADDRESS 32330 Holopaw Trail CITY ST ZIP Sorrento FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MCCABE, ROBERT D STREET ADDRESS 32408 HOLOPAW TRAIL CITY ST ZIP SORRENTO FL 32776 <input type="checkbox"/> Delete	TITLE D	NAME McCabe Robert D. STREET ADDRESS 32330 Holopaw Trail CITY ST ZIP Sorrento FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	TITLE 	NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE: Victoria J McCabe 4-2-07 407-314-7927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #