2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037771

Entity Name: VIAMORE, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2029 SCHULLER WAY 501 N. ORLANDO AVENUE CASSELBERRY, FL 32707 US

SUITE 313-110

WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

501 N. ORLANDO AVENUE SUITE 313-110 2029 SCHULLER WAY CASSELBERRY, FL 32707 US

WINTER PARK, FL 32789

US

FEI Number: 20-8722950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIMITROV, PLAMEN Z 2029 SCHÚLLER WAY CASSELBERRY, FL 32707 US DIMITROV, PLAMEN Z 501 N. ORĹANDO AVENUE SUITE 313-110 WINTER PARK, FL 32789 US

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.

SIGNATURE: 04/06/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DIMITROV, PLAMEN Z DIMITROV, PLAMEN Z Name: Name: 2029 SCHULLER WAY 501 N. ORLANDO AVENUE, SUITE 313-110 Address: Address:

City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: WINTER PARK, FL 32789 US

() Delete Title: Title: (X) Change () Addition DIMITROV. PLAMEN Z Name: DIMITROV. PLAMEN Z Name:

2029 SCHULLER WAY 501 N. ORLANDO AVENUE, SUITE 313-110 Address: Address:

CASSELBERRY, FL 32707 US City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip:

Title: () Change (X) Addition Title: () Delete

Name: FILIPOV, NIKOLAY F Name:

501 N. ORLANDO AVENUE, SUITE 313-110 Address: Address:

City-St-Zip: City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: PLAMEN DIMITROV 04/06/2009