2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

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Entity Name: MOBILE VET 2 U INC.

Current Principal Place of Business:

919 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

919 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH, SUITE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: POSNER, SCOTT
Address: 919 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: T
Name: POSNER, CHAD
Address: 919 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD
Name: POSNER, MICHAEL
Address: 919 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL POSNER SD 05/01/2011

Electronic Signature of Signing Officer or Director — Date