2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 21, 2007 8:00 am Secretary of State DOCUMENT # P17150 1. Entity Name 05-21-2007 90055 024 ***558.75 VANDALIA ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 144 WILLEY STREET 144 WILLEY STREET MORGANTOWN WV 26505 MORGANTOWN WV 26505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 55-0524659 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RACHEL, ANNETTE C 6551 CENTRAL AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 315 ST. PETERSBURG FL 33710 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Reastered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL Delete THE Change ☐ Addition CALLEN, STEPHEN A. NAME 144 WILLEY STREET STREET ADDRESS STREET ADDRESS MORGANTOWN WV CITY-S1-ZIP CITY-ST-ZIE 000 ☐ Delete HDE ☐ Change ☐ Addition RACHEL, ANNETTE C NAME 10802 TARPON DRIVE STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete ☐ Change ☐ Addition CALLEN, MICHAEL K. NAME 144 WILLEY STREET STREET ADDRESS STREET ADDRESS MORGANTOWN WV CITY-ST-7IP CITY-ST-ZIP TD Detete HHE TITLE ☐ Change ☐ Addition MAYNARD, HAZEL A. NAME NAME 144 WILLEY STREET SURFIT ADDRESS STREET ADDRESS MORGANTOWN WV CHY-SI-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BBE ☐ Delete THIF Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS

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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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.

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If further certify that the information

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SIGNATURE: