2005 FOR PROFIT CORPORATIONS **ANNUAL REPORT**

Mar 17, 2005 08:00 AM **Secretary of State** DOCUMENT # P92000007644 1. Entity Name VSSB, INC. Principal Place of Business Mailing Address C/O DONALD G. BUREK C/O DONALD G. BUREK 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH., FL 32250 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH., FL 32250 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3152013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BUREK, DONALD G DO NOT WRITE 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH., FL 32250 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, TITLE PΝ NAME BUREK, DONALD G STREET ADDRESS 1794-B, SOUTH OCEAN DR CITY-ST-ZIP JACKSONVILLE BCH., FL 0000000266987 03/17/05-80053-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP 11111 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 truster ampowered 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 adulting with all other life empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP