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

FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P93000010548 1. Entity Name THE VENDING BEAR, INC. Principal Place of Business Mailing Address 1312 FRANGIANI CIRCLE 1312 FRANGIANI CIRCLE LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito. Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0384135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BAUCH, NEIL 1312 FRANGIPANI CIRCLE Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 City Zip Code 8. The above named onlity 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) 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. THLE Delete TITLE Change Addition BAUCH, NEIL NAME NAME. 1312 FRANGIPANI CIR STREET ADDRESS STREET ADDRESS U00000687036 LANTANA FL 33462 Crty-ST-ZIP CHY-ST-ZIP 04/10/07-80024-010 150.00 ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZIP CHY-SI-7/P IIILE ☐ Delete 11114 Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DHE Delete HUE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7IP Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY - ST-7IP 11111 Delete THE Change ☐ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

12. I horoby 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 eath; that I am an effect or director of the corporation or the receiver or project 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