2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2007 08:00 All Secretary of State DOCUMENT # P93000071673 VRS REALTY SERVICES, INC. Principal Place of Business. ... Mailing Address 900 WINDERLEY PLACE 900 WINDERLEY PLACE STE. 135 STE. 135 MAITLAND FL 32751 MAITLAND FL 32751 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 Applied For 4. FEI Number 59-3209488 Not Applicable Country Zip Country -\$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Stroet Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THLE Delete IIIŒ Change Addition DEVANE, DONALD L JR NAME NAME 532 HOLT AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP IIIŒ Change ___ Addition ☐ Delele TITLE NAME NAME U00000646336 03/06/07-80047-024 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE Delete TITLE Change Addition NAME · · · NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIÉ omi-si-zir ☐ Addition Change III ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

12. I hereby 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

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Delane le 2/2

FILED