2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 08:00 AM DOCUMENT # P94000020932 **Secretary of State** VINLAND INTERNATIONAL, INC. Principal Place of Business Mailing Address 1700 NW 65TH AVE 1700 NW 65TH AVE PLANTATION, FL 33313 PLANTATION, FL 33313 US 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0476339 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOMAN, BERTHO K DO NOT WRITE 11600 NW 20TH ST. PLANTATION, FL 33323 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BOMAN, TERESITA NAME 11600 NW 20TH ST STREET ADDRESS CITY-ST-ZIP PLANTATION, FL U00000604872 01/30/07-80013-013 150.00 TITLE BOMAN, BERTHO NAME STREET ADDRESS 11600 NW 20TH STREET CITY-ST-ZIP PLANTATION, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-71P

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #