## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

ANNOAL KEPOKI					Secretary of State				
DOCUI  1. Entity Nam  VINTAGE					90063 010 ***150	.00			
Principal Place	e of Business	Mailing Address			4 UU D J	. ( U ·			
4 <del>205 WEST ATLANTIC</del> AVE -4 <del>205 WEST ATLANT</del> IC AVI			:		•				
SUITE #201 SUITE #201			-		.: *				
DELRAY BEACH, FL 33445			5		:				
DECIGN DES	un, 12 00 1.0		•						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
2400 High Ridge Rd. 2400 High Ric			be Rd.				)	1881 (1.188)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					03102008	Chg-P	CR2E034 (12/06)		
Suite 102 Suite 102					03102008	Crig-P	CRZE034 (12/00)		
City & State City & State			•		4. FEI Numbe	er	Ar	plied For	
	r Beach, FL		h, FL		65-053	9545	No	t Applicable	
Zip	Country		Country		- 0 :::	400 1 5 3	□ \$8.75 Add	litional	
3342	6USA	33426	USA		5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent		
	100	•	Name						
SUTTIN, EUGENE (Same)					Suttin,	Eugene	•		
4205 WEST ATLANTIC AVE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE #20	• •				71	\$ 1 A			
DELRAY-B	EAGH, FL 33445		1240	D 1	Hak R	due Road	of Saite 1	02-	
			City 2		, Aa.	. 4	Zip Cod	e	
					on Dea	<u>un</u>	1 - 33	12-6	
	named entity submits this statement for	r the purpose of changing its reg	gistered office or	register	ed agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
. the obligat	ions of registered agent.								
SIGNATURE_									
, Oldring of LE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signati.	behiuper eru	when reinstating)		DATE		
FIL	E NOWIII FEE IS \$150.00	9. Election Campaign			.00 May Be				
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Contribu	ution. $\square$	Addi	ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.	-	ADDITIONS.	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	PSTD	☐ Delete	TITLE	Τ			Z Change	☐ Addition	
NAME	SUTTIN, EUGENE N	₽ Deiete	NAME				-		
STREET ADDRESS	4205 WEST ATLANTIC AVE. #20	11	STREET ADDRESS	24	W High	Ridge Rd	ste, 102		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	A	- L A	- L E !	33426		
	DEE: 011 DE 1011,1 E 00110	Па		Log	TATE D	cacy, re	□ Change	☐ Addition	
TITLE		☐ Delete	TITLE				C. cirange	Addition	
NAME OXECT ADDRESS			name Street address						
STREET ADDRESS City-St-Zip			CITY-ST-ZIP						
GIT-31-2F									
TITLE	!	☐ Delete	TITLE				☐ Change	Addition Addition	
NAME			NAME						
STREET ADDRESS			STREET AODRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	-			Change	Addition	
NAME			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						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME		5000	NAME	İ			_ *		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	certify that the information supplied with	this filing does not qualify for ti	L	container	in Chapter 11	9. Florida Statutes	I further certify that the i	nformation	
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12. I nereby ceruly that the information supplied with this filing does not quality 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 report 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 attachillent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND WHICH OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

561-424-9393(\*2) Daylima Phone #