2007 FOR PROFIT CORPORATION

Apr 13, 2007 8:00 am Secretary of State ANNUAL REPORT 04-13-2007 90176 032 ***150.00 DOCUMENT # P95000036167 VICTORY ACCOUNTING SERVICES, INC. 40022000 Mailing Address Principal Place of Business 1375 GATEWAY BLVD 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-P CR2E034 (12/06) Applied For City & State 4 FELNumber City & State 65-0575557 Not Applicable Zip Country 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 FEICHT, VICKI M Street Address (P.O. Box Number is Not Acceptable) 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PTSD** TITLE TITLE ☐ Change ☐ Addition Delete NAME FEICHT, VICKI NAME 5507 PEBBLE BROOK LANE STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP BOYTON BEACH, FL 33437 CITY-ST-ZIP ☐ Delete Change Addition SHARP, APRIL NAME NAME 5507 PEBBLE BROOK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP Change TITLE TITLE ☐ Delete ☐ Addition CHEISTY SHARP 3009 N. Evergreen CIR. SHARP, CHRISTY STREET ADDRESS 2808 QUANTUM LAKES DR. STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-7IP ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(VICLI M Feicht) 4/11/07 561-536-0480