2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90071 024 ***150.00 DOCUMENT # P96000041209 1. Entity Name VACCER REALTY INC. Principal Place of Business Mailing Address 20032377 12229 PEMBROKE RD 12229 PEMBROKE RD PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33025 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0668101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AIDUCK, REBECCA R DO NOT WRITE 12229 PEMBROKE RD PEMBROKE PINES, FL 33025 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE AIDUCK, REBECCA R NAME STREET ADDRESS 12229 PEMBROKE RD CITY - ST - ZIP PEMBROKE PINES, FL 33025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED