2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 09, 2008 8:00 am Secretary of State 01-09-2008 90012 001 ***150.00 DOCUMENT # P96000074191 01-09-2008 90012 002 ***150.00 VIATICAL PARTNERS, INC. Principal Place of Business Mailing Address 66000006 14201 W SUNRISE BLVD 14201 W SUNRISE BLVD STE 201 STE 201 SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01032008 City & State 4. FEI Number Applied For City & State 65-0696686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAISTINE MURRAY, GR JR. Street Address (P.O. Box Number is Not Acceptable) 14201 W SUNRISE BLVD **STE 201** SUNRISE, FL 33323 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE Change Addition TITLE Delete BARR, DANIEL A NAME NAME STREET ADDRESS STREET ADDRESS 14201 W SUNRISE BLVD #201 CITY-ST-ZIP SUNRISE, FL 33323 CITY - ST- ZIP Addition [] Change Delete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY ST-7IP Change ☐ Addition 1111 5 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 received 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 lifest impowered. 108

Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2008 FOR PROF ANNUA	Alachment		
DOCUMENT # P96000074191 1. Entity Name VIATICAL PARTNERS, INC.			HTGCN/Men/
Principal Place of Business 14201 W SUNRISE BLVD STE 201 SUNRISE, FL 33323	Mailing Address 14201 W SUNRISE BLY STE 201 SUNRISE, FL 33323	VD.	66000006
Principal Place of Business - No P.O. Box # 3. Mailing Address) WWWWWW
Suite, Apt. #, etc. Suite, Apt. #, etc.			01032008 Chg-P CR2E034 (12/06)
City & State	City & State	·	4. FEI Number Applied For 65-0696686 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent
MURRAY, G R JR. 14201 W SUNRISE BLVD STE 201 SUNRISE, FL 33323 City Name Christins M Idifions Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pegistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) PATE PLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			
	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITILE PSTD NAME BARR, DANIEL A STREET ADDRESS 14201 W SUNRISE BLVD #201 CITY-ST-ZIP SUNRISE, FL 33323	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			