2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 A Secretary of State DOCUMENT # P98000003159 1. Entity Name VFINANCE INVESTMENTS, INC. Principal Place of Business Mailing Address 3010 N. MILITARY TRAIL 3010 N. MILITARY TRAIL STE #300 STE #300 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0834063 Not Applicat Zio Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VFIN EXECUTIVE SERVICES, INC. 3010 N. MILITARY TRAIL STE Street Address (P.O. Box Number is Not Acceptable) #300 **BOCA RATON FL 33431** 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 accethe obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argnature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Defete NAME SOKOLOW, LEONARD J MAME U00000546006 STREET ADDRESS 3010 N MILITARY TRAIL #300 STREET ADDRESS 05/11/06-80100-016 150.00 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Delele □ Addiik TITLE TITLE ☐ Change NAME NAME CAMPANELLA, RICHARD STREET ADDRESS 3010 N. MILITARY TRAIL #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Change TITLE ☐ Delete Addit-NAME MANE REINKEN, SHEILA C STREET ADDRESS STREET ADDRESS 3010 N MILITARY TRAIL #300 CHY-St-ZP CITY-ST-ZIP BOCA RATON FL 33431 Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TATLE TITLE ☐ Change ☐ Add.** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied enter the end 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 professe employeem 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:

SNATURE AND TYPES AR REINTED NAME OF SIGNING OFFICER OR DIRECT

4/23/06

(561) 981 - 108

FILED