2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P98000019694 02-07-2006 90031 012 ***150.00 1. Entity Name 29TH STREET OF V.B., INC. Principal Place of Business Mailing Address 1306 29 STREET VERO BEACH FL 32960 3100 43RD AVENUE VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3534049 Not Applicable Zip 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 SULLVIAN, CHARLES A JR 3100 43rd Ave Street Address (P.O. Box Number is Not Acceptable) 1601-20TH STREET VERO BEACH FL 32960 : ---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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **☑**Change ■ Addition TITLE ☐ Delete TITLE 3100 43rd NAME SULLIVAN, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 369 9TH CT VERO BCH FL 32962 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TUTE Delete TITLE NAME NAME RADFORD, PATRICIA S STREET ADDRESS STREET ADDRESS 390 8TH TERR CITY-ST-ZIP VERO BCH FL 32962 CITY-ST-ZIP Addition THLE ☐ Delete NAME SULLIVAN, JR, CHARLES A 11 11 STREET ADDRESS STREET ADDRESS 1601 20TH ST CITY-ST-7IP CITY-ST-7IP VERO BEACH FL 32960 Change ☐ Defete Addition TITLE TITLE 11 11 SULLIVAN, KATHLEEN R NAME NAME 875 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32962 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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:

1-26-06

FILED

Feb 07, 2006 8:00 am