2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 15, 2005 08:00 AM Secretary of State **DOCUMENT # \$34659** VICTORY REALTY INVESTMENTS CORP. Mailing Address Principal Place of Business _ C/O UNITED CORPORATE SERVICES, INC. C/O UNITED CORPORATE SERVICES, INC. 9200 SO. DADELAND BLVD., STE. 508 Miami, Fl. 33156 US 9200 SO. DADELAND BLVD., STE. 508 MIAMI, FL 33156 US 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3108664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. DO NOT WRITE IN THIS SPACE 9200 SOUTH DADELAND BLVD. **SUITE 508** MIAMI, FL 33156-0000 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE 18 \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PD TITLE LEVINSON, HARRY NAME 1450 BROADWAY STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 TITLE 1900000335345 NAME 08/15/05-20001-018 150.10 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED