2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 08:00 AM **DOCUMENT # S57118 Secretary of State** 1. Entity Name V-COLE ENTERPRISES, INC. Principal Place of Business Mailing Address 116 GATLIN AVENUE 116 GATLIN AVENUE ORLANDO, FL 32806 US ORLANDO, FL 32806 No Chg-P CR2E034 (11/05) 03202007 DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 59-3068510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JOHNSON, WADE F JR DO NOT WRITE 118 E JEFFERSON ST ORLANDO, FL 32801 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PSTD** NAME COLE, BRYAN N 4396 CAROLWOOD ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 000000679901 04/03/07-80056-011 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 effect 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

407 851-0060

FILED

Daytime Phone #