


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 856302 1. Entity Name VECTORSGI, INC.	
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Principal Place of Business ATTN: JEFF DAVIS 15301 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75001	Mailing Address ATTN: JEFF DAVIS 15301 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75001
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1866668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE: 02/08/06-80074-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, SYDNEY S 15301 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALEXANDER, MARK 15301 DALLAS PARKWAY SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANOLA, PAUL 15301 DALLAS PARKWAY SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYFORD, MIKE 15301 DALLAS PARKWAY SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAROGA, NORRIE 15301 DALLAS PARKWAY SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: Jeff Davis **Jeff Davis** 1/23/06 972-788-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #