


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000101086
 1. Entity Name
 VERTICAL INTEGRATION, INC.



Principal Place of Business
 4301 ANCHOR PLAZA SUITE 400
 TAMPA, FL 33634

Mailing Address
 4301 ANCHOR PLAZA SUITE 400
 TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3748952

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HARTER, CRAIG
 4301 ANCHOR PLAZA SUITE 400
 TAMPA, FL 33634

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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 _____ DATE _____
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, ANN 4301 ANCHOR PLAZA SUITE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUER, BRUCE 4301 ANCHOR PLAZA SUITE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSCHILD, DOUGLAS 4301 ANCHOR PLAZA SUITE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARSAMES, LOUIS 4301 ANCHOR PLAZA SUITE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, WILLIAM 4301 ANCHOR PLAZA SUITE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000100875
 04/01/04-80024-016 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 3/25/04 Daytime Phone #: (813) 319-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR