


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 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**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**
9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/29/05-80059-017 150.00

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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: _____ **4/21/05** **(813) 349-8585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #