2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000101086

Title:

Name:

Address:

City-St-Zip:

VΡ

WILKINS, MARK H

TAMPA, FL 33607

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3000 BAYPORT DR SUITE 150

FILED Sep 08, 2009 Secretary of State

Entity Name: VERTICAL INTEGRATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3000 BAYPORT DR SUITE 150 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 3000 BAYPORT DR SUITE 150 TAMPA, FL 33607 FEI Number: 59-3748952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUNCAN, ANN 3000 BAYPORT DR SUITE 150 TAMPA, FL 33607 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition DUNCAN, ANN Name: Name: 3000 BAYPORT DR SUITE 150 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition STINSON, ACEY L Name: Name: 1203 THOMASVILLE ROAD Address: Address: TALLAHASSEE, FL 32303 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HEISLER, BRUCE Name: Name: 3000 BAYPORT DR SUITE 150 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANN W. DUNCAN **PRES** 09/08/2009

() Change () Addition