2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080934

Entity Name: VERTICALS ETC.. INC

City-St-Zip:

PHILADELPHIA, PA 19152

FILED Sep 05, 2006 Secretary of State

| Littly Na | IIIe. VERTICA | ALG ETC., INC. | | | |
|--|--|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | YPAN DRIVE TON, FL 3342 | 8 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | YPAN DRIVE TON, FL 3342 | 8 | | | |
| FEI Number: 20-1196090 FEI Number Applied Fo | | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1701 WES SUITE 308 DEERFIEL The above | B D BEACH, FL | BOULEVARD 33442 US | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (ALKINS, MITCI 12681 MAYPAI BOCA RATON, | N DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V (X CAPLAN, ROB 1752 THISTLE MALVERN, PA | WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | S (X YUEN, HING L 2318 AFTON S |) Delete | Title: Name: Address: | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MITCHELL ALKINS PRES 09/05/2006