


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 002 ***150.00

DOCUMENT # P03000047853

1. Entity Name
VIEWPOINT FRANCHISE INTERNATIONAL, INC.



Principal Place of Business
**483 MANDALAY AVENUE
 SUITE 210
 CLEARWATER FL 33767**

Mailing Address
**483 MANDALAY AVENUE
 SUITE 210
 CLEARWATER FL 33767**



2. Principal Place of Business
645 Bayway Blvd.

3. Mailing Address
645 Bayway Blvd.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33767

Country
Florida

4. FEI Number **13-4249427**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GILLIS, RODERICK J III
 483 MANDALAY AVENUE
 SUITE 210
 CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	GILLIS, RODERICK J III	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	483 MANDALAY AVENUE	NAME	
STREET ADDRESS	CLEARWATER FL 33767	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roderick J. Gillis III 3/16/06 722-584-7252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #