

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101086

Entity Name: VERTICAL INTEGRATION, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

2202 NORTH WESTSHORE BLVD., SUITE 465
TAMPA, FL 33607

New Principal Place of Business:

600 NORTH WESTSHORE BLVD #200
TAMPA, FL 33609

Current Mailing Address:

2202 NORTH WESTSHORE BLVD., SUITE 465
TAMPA, FL 33607

New Mailing Address:

600 NORTH WESTSHORE BLVD #200
TAMPA, FL 33609

FEI Number: 59-3748952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, ANN
2202 NORTH WESTSHORE BLVD., SUITE 465
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

DUNCAN, ANN
600 NORTH WESTSHORE BLVD #200
TAMPA, FL 33609 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DUNCAN, ANN
Address: 2202 NORTH WESTSHORE BLVD., SUITE 465
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNCAN, ANN
Address: 600 NORTH WESTSHORE BLVD #200
City-St-Zip: TAMPA, FL 33609

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.

SIGNATURE: ANN DUNCAN

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date