
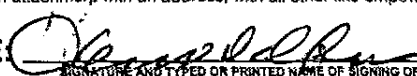


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 603553</b> 1. Entity Name <b>HARRY D. VILDBILL CHARTERED</b>				
Principal Place of Business <b>3301 JOHN MOORE RD. BRANDON, FL 33511</b>		Mailing Address <b>3301 JOHN MOORE RD. BRANDON, FL 33511</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 01112006 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>59-1398059</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>VILDBILL, HARRY D. 3301 JOHN MOORE RD. BRANDON, FL 33511</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
		<b>000000407732 02/08/06-80032-017 150.00</b>		
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>		
NAME	VILDBILL, HARRY D			
STREET ADDRESS	3301 JOHN MOORE RD.			
CITY - ST - ZIP	BRANDON, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>		
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>				
SIGNATURE 		<b>17 Jan 06 8136894800</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		