
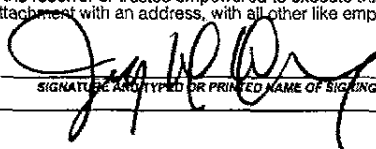


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 856302</b> 1. Entity Name <b>VECTORSGL, INC.</b>		
Principal Place of Business <b>ATTN: JEFF DAVIS 15301 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75001</b>		Mailing Address <b>ATTN: JEFF DAVIS 15301 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75001</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</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 reinstalling)</small>		
<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>
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HICKS, SYDNEY S	
STREET ADDRESS	15301 DALLAS PARKWAY, SUITE 400	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	CFO	
NAME	ALEXANDER, MARK	
STREET ADDRESS	15301 DALLAS PARKWAY SUITE 400	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	V	
NAME	DANOLA, PAUL	
STREET ADDRESS	15301 DALLAS PARKWAY SUITE 400	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	V	
NAME	HAYFORD, MIKE	
STREET ADDRESS	15301 DALLAS PARKWAY SUITE 400	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	S	
NAME	DAROGA, NORRIE	
STREET ADDRESS	15301 DALLAS PARKWAY SUITE 400	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE:  <b>Jeff Davis</b> 1/23/06 972-788-2550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>75-1866668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DATE  
02/08/06-80074-015 150.00

**DO NOT WRITE  
IN THIS SPACE**