

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90008 044 \*\*\*150.00

<b>DOCUMENT # F01000000974</b> 1. Entity Name <b>VERTICAL TRACTION SYSTEM, INC.</b>					
Principal Place of Business <b>3251 MCMULLEN BOOTH ROAD SUITE #102 CLEARWATER, FL 33761</b>			Mailing Address <b>3395 SOUTH JONES BLVD., #218 LAS VEGAS, NV 89146</b>		
2. Principal Place of Business <b>6901 90TH AVE N.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PINELAS PARK, FL</b>		City & State		4. FEI Number <b>88-0405845</b>	
Zip <b>33782</b>		Country <b>PINELAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETERSEN, DAVID 2369 HILLCREEK CIR. E. CLEARWATER, FL 33759</b>			7. Name and Address of New Registered Agent Name <b>JAMES DOULGERIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6901 90TH AVENUE NORTH</b> City <b>PINELAS PARK</b> <b>FL</b> Zip Code <b>33782</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 <b>JAMES DOULGERIS</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PETERSEN, DAVID 2369 HILLCREEK CIR E. CLEARWATER, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVID PETERSEN 3251 MCMULLEN BOOTH RD #102 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D JAMES DOULGERIS 3251 MCMULLEN BOOTH RD. #102 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		5/14/04 727-545-9848 <small>Date Daytime Phone #</small>			