2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001174

Entity Name: VERID, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business:			New	New Principal Place of Business:				
	GRASS CORP RDALE, FL 33	ORATE PARKWAY STE. 220 323						
Current Mailing Address:			New	New Mailing Address:				
1550 SAWG FT. LAUDE								
FEI Number: 87-0687836 FEI Number Applied For ()		FEI Number N	El Number Not Applicable () Certificate of Status De			Status Desired ()		
Name and Address of Current Registered Agent: Name					ne and Address of New Registered Agent:			
1200 SOUT PLANTATIC	DRATION SYS H PINE ISLAN DN, FL 33324	D ROAD US						
The above r in the State		ubmits this statement for the pur	pose of char	iging its	s registered of	fice or registe	ered agent, or both,	
SIGNATUR								
Electronic Signature of Registered Agent				Date				
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR							RS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	WATSON, KEVIN	S CORPORATE PARKWAY STE. 220	Title: Name Addre City-S	ss:	()	Change () Add	dition	
Title: Name: Address: City-St-Zip:	RICKBORN, CHE	S CORPORATE PARKWAY STE. 220	Title: Name Addre City-S	: ss:	HASTINGS, MAF	SS CORPORAT	dition E PARKWAY STE. 220	
Title: Name: Address: City-St-Zip:	SLACK, MARC	Delete S CORPORATE PARKWAY STE. 220 E, FL 33323	Title: Name Addre City-S	ss:	()	Change () Ado	dition	
Title: Name: Address: City-St-Zip:	D () RUSS, GINA 1550 SAWGRAS SUNRISE, FL 33	S CPT PKWY #220	Title: Name Addre City-S	: ss:	D (X) HOFFMAN, MAR 1550 SAWGRAS SUNRISE, FL 3	SS CPT PKWY		
Title: Name: Address: City-St-Zip:	KANE, JOHN	Delete S CPT PKWY #220 3323	Title: Name Addre City-S	ss:	()	Change () Add	dition	
Title: Name: Address: City-St-Zip:	BYRD, ANDREW	S CPT PKWY #220	Title: Name Addre City-S	ss:	()	Change () Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN WATSON DCEO 04/11/2005