
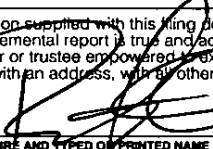


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90568 011 \*\*\*150.00

<b>DOCUMENT # F04000002004</b> 1. Entity Name <b>VIRTUAL ALERT, INC.</b>					
Principal Place of Business <b>5844 PRICE AVENUE SACRAMENTO, CA 95652</b>			Mailing Address <b>P.O. BOX 2985 LA JOLLA, CA 92038</b>		
2. Principal Place of Business <b>5112 Arnold Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>5112 Arnold Avenue</b> Suite, Apt. #, etc.			
City & State <b>McClellan, CA</b> Zip <b>95652</b>		City & State <b>McClellan, CA</b> Zip <b>95652</b>		4. FEI Number <b>75-2992094</b>	
Country <b>USA</b>		Country <b>USA</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>UCC FILING &amp; SEARCH SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>n/a</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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>n/a</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SHAFFER, ERIC 5844 PRICE AVENUE SACRAMENTO, CA 95652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Craig Bades 2600 Virginia Ave, NW #600 Washington, DC 20037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RHODES, KEVIN 5844 PRICE AVENUE SACRAMENTO, CA 95652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eric S. Galler 2600 Virginia Ave, NW #600 Washington, DC 20037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DESMOND, DAN 5844 PRICE AVENUE SACRAMENTO, CA 95652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treasurer Michael R. Homan 2600 Virginia Ave, NW #600 Washington, DC 20037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPP, JAMES 5844 PRICE AVENUE SACRAMENTO, CA 95652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Craig Bades 2600 Virginia Ave, NW #600 Washington, DC 20037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael R. Homan 2600 Virginia Ave, NW #600 Washington, DC 20037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eric Shaffer 5112 Arnold Ave McClellan, CA 95652	<input type="checkbox"/> Change <input checked="" 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 another like empowered.					
SIGNATURE: 			4-12-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		