


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90047 006 ***150.00

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DOCUMENT # F04000004349					
1. Entity Name VADIS HOLDINGS, INC.					
Principal Place of Business 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224			Mailing Address PO BOX 19366 JACKSONVILLE, FL 32245-9366		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3555336	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D.D.I., INC. 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, ROBERT D	NAME			
STREET ADDRESS	4310 PABLO OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKELTON, H.J.	NAME			
STREET ADDRESS	4310 PABLO OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAIVSON, A. DANO	NAME	DAVIS, A. DANO		
STREET ADDRESS	4310 PABLO OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAHRA, E ELLIS JR	NAME			
STREET ADDRESS	4310 PABLO OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, JUDY B	NAME			
STREET ADDRESS	4310 PABLO OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THORNE, SUSAN C	NAME			
STREET ADDRESS	4310 PABLO OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
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: <i>Susan C. Thorne</i>		Susan C. Thorne		3/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		904/223-7480	
				Daytime Phone #	