

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended


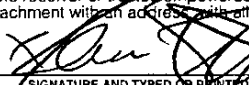
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10/14/05 01012 024 \*35.00  
10202005 Chg-P CR2E034 (10/03)

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| DOCUMENT # F97000005912  |  |  |   |         |  |
| 1. Entity Name<br>VRCHOTA CORPORATION  |  |  |   |  |  |
| Principal Place of Business<br>2571 W HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33442 US   |  |  | Mailing Address<br>2571 W HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33442 US  |  |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |  |
| City & State   |  |  | City & State  |  |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br>65-1104476  |  |
|  |  |  |   | Applied For<br>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  |  |
| VRCHOTA, JON<br>2571 W HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33442   |  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |  |  |   |  |  |
| Amended AR is \$61.25  |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>VRCHOTA, JON<br>2571 W HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | 000062326980<br>12/21/05--01037--001 **26.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>GREENWOOD, TOD <input checked="" type="checkbox"/> Delete<br>2571 W HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33442 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | VP<br>Kevin Piller<br>2571 W Hillsboro Blvd<br>Deerfield Bch, FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 without address with all other like empowered. |  |  |   |  |  |
| SIGNATURE:  12/15/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #  |  |  |   |  |  |