

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006230

FILED
Apr 27, 2006
Secretary of State

Entity Name: VT GRIFFIN SERVICES INC.

Current Principal Place of Business:

5755 DUPREE DR., N.W., #220
ATLANTA, GA 30327

New Principal Place of Business:

5755 DUPREE DR., N.W.
SUITE 220
ATLANTA, GA 30327

Current Mailing Address:

5755 DUPREE DR., N.W., #220
ATLANTA, GA 30327

New Mailing Address:

5755 DUPREE DR., N.W.
SUITE 220
ATLANTA, GA 30327

FEI Number: 58-1470581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: RUSHTON, RICHARD
Address: 5755 DUPREE DR., N.W., #220
City-St-Zip: ATLANTA, GA 30327

Title: PCOO () Delete
Name: GULINO, MICHAEL
Address: 5755 DUPREE DR., N.W., #220
City-St-Zip: ATLANTA, GA 30327

Title: CFOS (X) Delete
Name: MCBRIDE, KELLY
Address: 5755 DUPREE DR., N.W., #220
City-St-Zip: ATLANTA, GA 30327

Title: D (X) Delete
Name: GRIFFIN, JAMES J
Address: 5755 DUPREE DRIVE, NW STE #220
City-St-Zip: ATLANTA, GA 30327

Title: D (X) Delete
Name: ANDERSON, MAYNARD C
Address: 5755 DUPREE DR N W #220
City-St-Zip: ATLANTA, GA 30327

Title: D (X) Delete
Name: MOODISPAW, LEONARD E
Address: 5755 DUPREE DRIVE N W #220
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SMITH, KENNETH CEO
Address: 5755 DUPREE DR., N.W., #220
City-St-Zip: ATLANTA, GA 30327

Title: CFO (X) Change () Addition
Name: KAPP, MICHAEL CFO
Address: 5755 DUPREE DR., N.W., #220
City-St-Zip: ATLANTA, GA 30327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL D. KAPP, CFO

CFO

04/27/2006

Electronic Signature of Signing Officer or Director

Date