
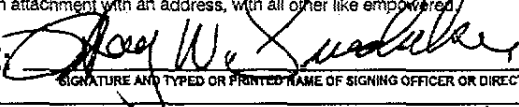


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L38389 1. Entity Name FLORIDA VAULT SERVICE, INC.		
Principal Place of Business 3007 1/2 47TH AVE NO ST. PETERSBURG, FL 33714		Mailing Address P.O. BOX 60573 SAINT PETERSBURG, FL 33784
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SNEDAKER, HARRY W. 3007 1/2 47TH AVENUE NO ST. PETERSBURG, FL 33714		DO NOT WRITE IN THIS SPACE
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)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	SNEDAKER, HARRY W.	
STREET ADDRESS	3007 1/2 47TH AVE NO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  HARRY W. SNEDAKER		Date: 1/16/06 Daytime Phone #: 527-4992



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2996441	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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01/25/06-80027-016 158.75