2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	ne	# L59605 VHEELS, INC.					Ap		pr 06, 2005 08:00 AM Secretary of State		
Principal Plac	o of Business		Madir	na Address			┪ .				
Principal Place of Business				Mailing Address 736 FLAMINGO DR							
736 FLAMINGO DR WEST PALM BEACH FL 33401				WEST PALM BEACH FL 33401							
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2. Principal Place of Business				3. Mailing Address			-				
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Suite, Apt. #, etc.				Suite, Apt #, etc.			18	st MOORE	CR2E034 (1)/04)	
City & State				City & State			4. FEI Numl	oer 65-0176872)		plied For
7.			Zip		aber c		05-0170072		`	t Applicat	
Zip	p Country		Zip	· Zip Cour		iury	5. Certificate of Status Desired				
	6. Name	and Address of Curr	rent Register	ed Agent			7. Name an	d Address of New R	egistered Age	nt	
						Name 17.2 2					
	rap. 30 dr		Street Address			oer is Not Acceptable)				
WEST PALM BEACH FL 33401										-	
					City.				Zip Code		
						City			FL		
	named entity tions of regist	submits this stateme ered agent.	nt for the purp	ose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of Flo	rida. I am fami	liar with,	and accep
CONTRIBE											
SIGNATURE .	Signature, typed	or printed name of registered a	agent and title if app	oucable (NOTE	Registore	d Ágent signature requir	ed when re-instaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						To should be seen to see the seen to see the seen to see the see the seen to see the see the seen to see the s		9. Election Campa Trust Fund Con			00 May B
10.			ND DIRECTO	RS	11.		ADDITIONS	I S/CHANGES TO OFFI	CERS AND DIF	ECTOR:	S (N 11
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12. Thereby o	Lcertify that the	information supplied	with this filing	does not qualify for	the exe	mption stated in S	ectión 119.07(3)(i), Florida Statutes. I	further certify t	hat the ir	itormation
indicated of the cor	on this repor poration or th	t or supplemental rep le receiver or trustee e ichment with an addre	ort is true and. empowered to	accurate and that me execute this report	ny signa as requi	ture shall have the red by Chapter 60	e same legal effe)7, Florida Statut	et as if made under o es; and that my name	eath, that I am a eappears in Bio	n officer ock 10 or	or director Block 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

SIGNATURE:

FILED

Daytime Phone #