2005 FOR PROFIT CORPORATION

Apr 28, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L84815 1. Entity Name V SYSTEMS, INC. Pincipal Place of Business Mailing Address 1670 HWY A1A 1670 HWY A1A SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 US 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0218193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VILARDEBO, KENNETH M DO NOT WRITE 292 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937 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 Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PC TITLE VILARDEBO, KENNETH M NAME STREET ADDRESS 292 LANTERNBACK ISLAND DRIVE Unnon0338693 04/28/05-80045-010 150.00 CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE VILARDEBO, ANGELINA NAME 100 RIVERSIDE DR #706 STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 TITLE NAME VILARDEBO, KIMBERLEY STREET ADDRESS 292 LANTERNBACK DRIVE DO NOT WRITE CITY-ST-ZIP SATELLITE BEACH, FL 32937 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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, withyell given like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

FILED