

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 028 \*\*\*150.00

**DOCUMENT # M85829**  
 1. Entity Name  
**VGX INC.**



Principal Place of Business      Mailing Address  
**2400 N.E. WALDO RD.**      **2400 NE WALDO ROAD**  
**GAINESVILLE FL 32609**      **GAINESVILLE FL 32609**  
**US**      **US**

**50023873**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

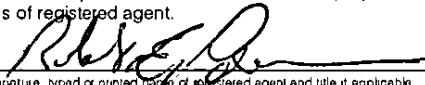
Zip      Country      Zip      Country

4. FEI Number **59-2896076**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**KOMIYA, MASAO**  
**6420 CELLON CIRCLE SOUTH**  
**P.O. BOX 59**  
**ALACHUA FL 32615**

**7. Name and Address of New Registered Agent**  
 Name **ROBERT E PETERSON**  
 Street Address (P.O. Box Number is Not Acceptable) **4035 NW 34 PLACE**  
 City **GAINESVILLE**      **FL**      Zip Code **32606**

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       **ROBERT E. PETERSON**      **3/2/05**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.       Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SAITO, KEIZO 4-11-21 MINAMIAZABU MINATO-KU, TOKYO 106 JAPAN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOMIYA, MASAO P.O. BOX 59, N/A ALACHUA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IMOTO, AKI 4-11-21 MINAMIAZABU MINATO-KU TO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JACKSON, KITHAHARA 4-11-21 MINAMIAZABU MINATO-KU TO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KIYOHARA, KATSUAKI 3-1-7, EBISU, SHIBUYA-KU TOKYO 150-0013 JAPAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TERASHIMA, SHUJI 3-1-7, EBISU, SHIBUYA-KU TOKYO 150-0013 JAPAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOMIYA, MASAO 3-1-7, EBISU, SHIBUYA-KU TOKYO 150-0013 JAPAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANoue, HIROAKI 1065 AVENUE OF THE AMERICAS NEW YORK, N.Y. 10018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 with an address, with all other like empowered.

SIGNATURE:       **MASAO KOMIYA**      **3/4/05**      **352-372-0270**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #