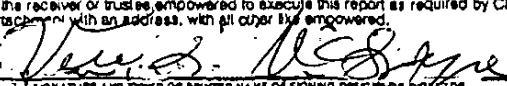


2006  
2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                    |                                                                                                                                  |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # M87893                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                    |                                                                                                                                  |  |         |
| 1. Entry Name<br>V.L. MCINTYRE AND ASSOCIATES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                    |                                                                                                                                  |                                                                                   |         |
| Principal Place of Business<br>720 FAIRBANKS FERRY RD<br>TALLAHASSEE, FL 32312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                    | Mailing Address<br>720 FAIRBANKS FERRY RD<br>TALLAHASSEE, FL 32312                                                               |                                                                                   |         |
| 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<br>59-3014393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                    | \$8.75 Additional Fee Required                                                                                                   |                                                                                   |         |
| 6. Name and Address of Current Registered Agent<br>MCINTYRE, VERA L.<br>720 FAIRBANKS FERRY ROAD<br>TALLAHASSEE, FL 32311                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                    |                                                                                                                                  |                                                                                   |         |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                  | \$5.00 May Be Added to Fees                                                       |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                    |                                                                                                                                  | 600075650906<br>06/01/06--01039--004 **150.00                                     |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P<br>MCINTYRE, VERA L.<br>720 FAIRBANKS FERRY RD<br>TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br>HAYES, SHARICA D<br>720 FAIRBANKS FERRY RD<br>TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>HAYES, KHALILAH Y<br>720 FAIRBANKS FERRY RD<br>TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>HAYES, ANDREA P<br>720 FAIRBANKS FERRY RD<br>TALLAHASSEE, FL 32312   | <input checked="" type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>HACKLEY, BERNICE<br>5536 FAIRBANKS ROAD<br>HAVANA, FL 32333          | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 file empowered. |                                                                           |                                                                                    |                                                                                                                                  |                                                                                   |         |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | 4/26/06                                                                            |                                                                                                                                  | 850-812-8677                                                                      |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | DATE                                                                               |                                                                                                                                  | Daytime Phone #                                                                   |         |