2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003177

FILED Apr 25, 2006 Secretary of State

Entity Name: THE V.R.D. POLO GROUP, INC.								
Current Principal Place of Business:				New Pri	New Principal Place of Business:			
27104 COR WESLEY C								
Current Mailing Address:				New Ma	New Mailing Address:			
P.O. BOX 4 TAMPA, FL								
FEI Number: 65-0507059 FEI Number Applied For ()			FEI Number Not Applicable () Certificate			of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
DAVIS, VIN 27104 COR WESLEY C	RAL SPRING		US					
The above in the State		ty submits t	this statement for the pur	rpose of changing	g its registered	office or re	gistered agent, or both,	
SIGNATUR	E:							
	Electi	ronic Signa	ture of Registered Agen	t		D	ate	
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P DAVIS, VINC P.O. BOX 46 TAMPA, FL	3086		Title: Name: Address: City-St-Zip	·) Change() Addition	
Title: Name: Address: City-St-Zip:	VP DAVIS, RAC P.O. BOX 46 TAMPA, FL	3086		Title: Name: Address: City-St-Zip) Change() Addition	
Title: Name: Address: City-St-Zip:	T DAVIS, DOM P.O. BOX 46 TAMPA, FL	3086		Title: Name: Address: City-St-Zip	SMITH, JENNI P.O. BOX 460	86) Addition	
Title: Name: Address: City-St-Zip:	S WILLIAMS E P.O. BOX 46 TAMPA, FL	BROOKS, WE 3086	NDY	Title: Name: Address: City-St-Zip) Change() Addition	
Title: Name: Address: City-St-Zip:	D SMITH, JENI P.O. BOX 46 TAMPA, FL	3086		Title: Name: Address: City-St-Zip	`) Change() Addition	
Title:	D	() Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VINCENT DAVIS Ρ 04/25/2006

SHAW. GLORGIA

P.O. BOX 46086

TAMPA, FL 33647 US

Name:

Address:

City-St-Zip: