

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000083329	
1. Entity Name VM TECH, INC.	
Principal Place of Business 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009	Mailing Address 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009
6. Name and Address of Current Registered Agent STERN, JEROME H 1920 E. HALLANDALE BCH. BLVD STE 906 HALLANDALE, FL 33009	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, JEROME H 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LIPSON, ARTHUR E 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELKINS, ROBIN K 2117 SO. BABCOCK ST STE 106 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1051507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000512274
04/29/06-80148-017 150.00

ARTHUR E. LIPSON
4/14/06 954 454-1114