

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90293 032 \*\*\*150.00

<b>DOCUMENT # P01000026864</b> 1. Entity Name <b>VINYL FRONTIER, INC.</b>			
Principal Place of Business <b>320 W. COLONIAL DR. ORLANDO, FL 32801</b>		Mailing Address <b>320 W. COLONIAL DR. ORLANDO, FL 32801</b>	
2. Principal Place of Business <b>322 W. COLONIAL DR.</b>		3. Mailing Address <b>322 W. COLONIAL DR.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ORLANDO</b>		City & State <b>FLA</b>	
Zip <b>32801</b>		Zip 	
Country 		Country 	
4. FEI Number <b>59-3711601</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBISON, KEVIN 355 N. 2ND ST. LAKE MARY, FL 32746</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3119 LAKE MARGARET DRIVE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32806</b>	
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 <u><i>Kevin Robison</i></u> <b>KEVIN ROBISON</b> <b>4-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBISON, KEVIN</b> <b>320 W. COLONIAL DR.</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>322 W. COLONIAL DR.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS <b>ABEND, ARISTA</b> <b>3119 LAKE MARGARET DR</b> <b>ORLANDO, FL 32806</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Kevin Robison</i></u> <b>KEVIN ROBISON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-25-05</b> Daytime Phone # <b>407 892-1894</b>	