2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P01000100389 Secretary of State 1. Entity Name V.M.G. INVESTMENTS, INC. Principal Place of Business Mailing Address 114 TIDY ISLAND 114 TIDY ISLAND BRADENTON FL 34210 **BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 59-2104677 Not Applicat Country \$8.75 Additional Zis Cauntry 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRABRANT, RALPH Street Address (P.O. Box Number is Not Acceptable) 114 TIDY ISLAND **BRADENTON FL 34210** Zip Code City 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 accerthe obligations of registered agent. SIGNATURE Signature, speed or printed nume of regenered agent and title it applicable (NOTE Registered Agent signature required when reunstating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PVST ☐ Delete THE Change □ Addr TITLE NAME GARRABRANT, RALPH STREET AGORCSS 114 TIDY ISLAND STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 150.00 DAC ☐ Delete THE TITLE NAMÉ NAME GARRABRANT, RALPH STREET ADDRESS STREET ADDRESS 114 TIDY ISLAND CATY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 Delete Change □ #d: TITLE unc MAME NAME BURROUGHS, GEORGE STREET ADDRESS STREET ADDRESS 1515 CAROLINE DR CATY - ST-ZIP CITY-ST-2P **ASTON PA 19014** ☐ Change □ Add TITLE TITLE ☐ Detete KOCSIS, SHIRLEY NAME NAME STREET ADDRESS 114 TIDY ISLAND STREET ADDRESS CATY - ST- 7/P BRADENTON FL 34210 CITY-ST-218 Delete Change ∐ Anii TITLE TILLE SMAMA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change □ /-.. ☐ Delete uw NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-70

FILED

SIGNATURE: Rolph A Cautabrand Ralph Garrabrant 1/25/06 941 7945304

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.