## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000089819

FILED Aug 05, 2006 Secretary of State

Entity Name: VARIETY INTERNATIONAL PROCESSING, INC.

Current Principal Place of Business:		New Principal Place of Business:			
	ITON BLVD.				
02-A ELRAY I	BEACH, FL 3348	33			
urrent N	Mailing Address	:	New Maili	ng Address:	
	ITON BLVD.				
02-A ELRAY I	BEACH, FL 3348	33			
El Number: 42-1548652 FEI Number Applied For ( )			FEI Number Not Applicable ( )		ertificate of Status Desired ( )
lame and	d Address of Cu	ırrent Registered Agent:	Name and	Address of Nev	v Registered Agent:
18 N.W.	(, CURTIS LEE 12TH AVENUE BEACH, FL 3344				
	e named entity su e of Florida.	ubmits this statement for the	purpose of changing	ts registered offic	e or registered agent, or bor
	e of Florida.	ubmits this statement for the	purpose of changing	ts registered offic	e or registered agent, or bor
n the Stat	e of Florida. <sup>*</sup> RE:	ubmits this statement for the		ts registered offic	Date
n the Stat	e of Florida. <sup>*</sup> RE:	c Signature of Registered Ac	gent		
n the Stat  GNATU  DFFICER  itte:	e of Florida.  RE: Electronic  S AND DIRECT  PD () E	c Signature of Registered Ag  ORS:	gent  ADDITION  Title:	IS/CHANGES TO	Date  OFFICERS AND DIRECT  nange ( ) Addition
the Stat IGNATU  FFICER  tle: ame: ddress:	Electronic  S AND DIRECT  PD () E  ROBERTS, VANE  100 E. LINTON B	C Signature of Registered Ago ORS: Delete ESSA LVD., 202-A	gent  ADDITION  Title: Name: Address:	IS/CHANGES TO PD (X) CH GOODEN, STANLE 100 E. LINTON BL'	Date  OFFICERS AND DIRECT  nange ( ) Addition EY VD., 202-A
n the Stat	e of Florida.  RE: Electronic  S AND DIRECT  PD () E  ROBERTS, VANE	C Signature of Registered Ago ORS: Delete ESSA LVD., 202-A	gent  ADDITION  Title:  Name:	IS/CHANGES TO PD (X) CH GOODEN, STANLE	Date  OFFICERS AND DIRECT  nange ( ) Addition EY VD., 202-A
DFFICER itle: ame: ddress: itty-St-Zip:	Electronic  S AND DIRECT  PD () E  ROBERTS, VANE 100 E. LINTON B  DELRAY BEACH	C Signature of Registered Aconst.  ORS: Delete ESSA LVD., 202-A , FL 33483	gent  ADDITION  Title: Name: Address: City-St-Zip:  Title:	IS/CHANGES TO PD (X) CH GOODEN, STANLE 100 E. LINTON BL' DELRAY BEACH, I	Date  OFFICERS AND DIRECT  nange ( ) Addition EY VD., 202-A
DFFICER itle: ame: ddress: itly-St-Zip: itle: ame:	Electronic  S AND DIRECT  PD () E  ROBERTS, VANE  100 E. LINTON B  DELRAY BEACH  VD () E  HENDRIX, CURT	C Signature of Registered Aconst.  ORS: Delete ESSA LVD., 202-A , FL 33483  Delete IS LEE	gent  ADDITION  Title: Name: Address: City-St-Zip:  Title: Name:	IS/CHANGES TO PD (X) CH GOODEN, STANLE 100 E. LINTON BL' DELRAY BEACH, I	Date  DOFFICERS AND DIRECT  nange ( ) Addition  EY  VD., 202-A FL 33483
DFFICER itle: ame: ddress: itty-St-Zip:	Electronic  S AND DIRECT  PD () E  ROBERTS, VANE 100 E. LINTON B  DELRAY BEACH	C Signature of Registered Acords:  Delete ESSA LVD., 202-A , FL 33483  Delete IS LEE LVD., 202-A	gent  ADDITION  Title: Name: Address: City-St-Zip:  Title:	IS/CHANGES TO PD (X) CH GOODEN, STANLE 100 E. LINTON BL' DELRAY BEACH, I	Date  DOFFICERS AND DIRECT  nange ( ) Addition  EY  VD., 202-A FL 33483
DFFICER itle: ame: ddress: ity-St-Zip: itte: ame: ddress: ity-St-Zip:	E of Florida.  RE: Electronic  S AND DIRECT  PD () C  ROBERTS, VANE 100 E. LINTON B  DELRAY BEACH.  VD () C  HENDRIX, CURT 100 E. LINTON B  DELRAY BEACH.  TD () C	ORS: Delete ESSA LVD., 202-A , FL 33483 Delete LVD., 202-A , FL 33483	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	IS/CHANGES TO PD (X) CH GOODEN, STANLE 100 E. LINTON BL' DELRAY BEACH, I ( ) CH	Date  DOFFICERS AND DIRECT  mange ( ) Addition EY  VD., 202-A FL 33483  mange ( ) Addition
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS HENDRIX VD 08/05/2006