**FILED** . 2006 FOR PROFIT CORPORATION ANNUAL REPORT Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P03000011577 1. Entity Name VTOŘIII INC Principal Place of Business Mailing Address 108 N. PARK PLACE 108 N. PARK PLACE EDGEWATER, FL 32132 EDGEWATER, FL 32132 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3894402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent **EDWARDS, VICTORINE** DO NOT WRITE 108 N. PARK PLACE EDGEWATER, FL 32132 IN THIS SPACE 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 \_\_\_\_\_\_Signature, typed or printed name of registered agent and title if epipicschia (NOTE: Registered Agent signature required when reinstating): DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPVP TITLE EDWARDS, VICTORINE ST NAME STREET ADDRESS 108 N. PARK PLACE | U00000499143 04/24/06-80016-021 150.00 EDGEWATER, FL 32132 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DDF NAME STREET ADDRESS CITY-ST-ZIP 7171.E

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I lunher 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 filmade under certify 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 gif other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

LETORINE EDWARDS 4/6/06