


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90222 029 \*\*\*150.00

<b>DOCUMENT # P04000145779</b>	
1. Entity Name <b>#1 NUMBER ONE VENDING SERVICE, INC.</b>	

Principal Place of Business <b>8695 COLLEGE PKWY. SUITE 322 FORT MYERS FL 33919 US</b>	Mailing Address <b>8695 COLLEGE PKWY. SUITE 322 FORT MYERS FL 33919 US</b>
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2. Principal Place of Business <b>24344 GOLDEN EAGLE LANE</b>	3. Mailing Address <b>24344 GOLDEN EAGLE LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

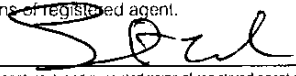
1st MOORE CR2E034 (10/05)

City & State <b>BONITA SPRINGS, FL</b>	City & State <b>BONITA SPRINGS, FL</b>
Zip <b>34135</b>	Country <b>US</b>
Zip <b>34135</b>	Country <b>US</b>

4. FEI Number <b>20-1781846</b>	Applied For <input type="checkbox"/> Not Applicable
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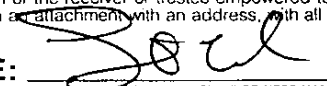
6. Name and Address of Current Registered Agent <b>MAHER, STEVEN P 8695 COLLEGE PKWY. SUITE 322 FORT MYERS FL 33919</b>	
<i>new address only -&gt; same agent</i>	

7. Name and Address of New Registered Agent Name <b>MAHER, STEVEN P</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>24344 GOLDEN EAGLE LANE</b>	
City <b>BONITA SPRINGS</b>	FL Zip Code <b>34135</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 	<b>STEVEN P. MAHER, PRESIDENT</b> 4/25/06
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when resigning) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAHER, STEVEN P 24344 GOLDEN EAGLE LANE BONITA SPRINGS FL 34135 <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
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 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 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: 	<b>STEVEN P. MAHER, PRESIDENT</b> 4/25/06 (235) 948-2686
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>