

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90174 037 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # P04000160627</b><br>1. Entity Name<br><b>V CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |
| Principal Place of Business<br><b>14628 BEAUFORT CIRCLE<br/>NAPLES, FL 34119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                     | Mailing Address<br><b>14628 BEAUFORT CIRCLE<br/>NAPLES, FL 34119</b>                                                                                                                                                                    |                                                        |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                           |                                                                                                                                                                                                                                         |                                                        |  |
| 03122006      Chg-P      CR2E034 (11/05)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         | 4. FEI Number<br><b>56-2490298</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUCKLEY, PATRICK ESQ.<br/>1633 SE 47TH TERRACE<br/>CAPE CORAL, FL 33904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>ROPPO, JOE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14628 Beaufort Circle</b><br><br>City      State      Zip Code<br><b>Naples      FL      34119</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:       (NOTE: Registered Agent signature required when reissuing)      DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P, D<br>ROPPO, JOE<br>14628 BEAUFORT CIRCLE<br>NAPLES, FL 34119    | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP,<br>ROPPO, MELANIE<br>14628 BEAUFORT CIRCLE<br>NAPLES, FL 34119 | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                                         |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                                         |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                                         |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                    | <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 Chapter 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. |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |
| <b>SIGNATURE:</b> Date: _____      Daytime Phone #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                     |                                                                                                                                                                                                                                         |                                                        |  |