

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028539

Entity Name: VMC PROCESSING, INC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

10201 HAMMOCKS BLVD. SUITE 153-275  
MIAMI, FL 33196

## New Principal Place of Business:

## Current Mailing Address:

10201 HAMMOCKS BLVD. SUITE 153-275  
MIAMI, FL 33196

## New Mailing Address:

10201 HAMMOCKS BLVD. SUITE 153-275  
MIAMI, FL 33196 US

FEI Number: 65-0454270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOVAC, ALEX  
10201 HAMMOCKS BLVD. SUITE 153-275  
MIAMI, FL 33196 US

## Name and Address of New Registered Agent:

KOVAC, BARBARA PRES  
10201 HAMMOCKS BLVD. SUITE 153-275  
MIAMI, FL 33196 US

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.

SIGNATURE: BARBARA KOVAC

01/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: KOVAC, ALEX  
Address: 10201 HAMMOCKS BLVD. SUITE 153-275  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KOVAC, BARBARA PRES  
Address: 10201 HAMMOCKS BLVD. SUITE 153-275  
City-St-Zip: MIAMI, FL 33196 US

Title: SECT ( ) Change (X) Addition  
Name: KOVAC, BARBARA SECT  
Address: 10201 HAMMOCKS BLVD. SUITE 153-275  
City-St-Zip: MIAMI, FL 33196 US

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: BARBARA KOVAC

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

Date