2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000101597

Entity Name: VIDEO ARTS SYSTEMS, INC.

Current Principal Place of Business:

1650 MEDICAL LANE
SUITE 4
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

1650 MEDICAL LANE
SUITE 4
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 20-3305222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKERRETT, RICARDO
4625 PALM BEACH BLVD.
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEUSSNER, BARBARA
Address: 838 SW 56TH ST
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D ( ) Delete
Name: ESQUIVEL, ENRIQUE
Address: 1650 MEDICAL LN S 4
City-St-Zip: FORT MYERS, FL 33907 US

Title: D ( ) Delete
Name: CAMPOS, MELISSA
Address: 1650 MEDICAL LN
City-St-Zip: FORT MYERS, FL 33907 US

Title: D ( ) Delete
Name: MEUSSNER, DAVID
Address: 1650 MEDICAL LN S 4
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ENRIQUE ESQUIVEL D 04/28/2006

Electronic Signature of Signing Officer or Director — Date