


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90010 002 ***150.00

DOCUMENT # P05000104561 1. Entity Name VIRGINEIL, INC.						
Principal Place of Business 216 SR 312 ST. AUGUSTINE, FL 32086			Mailing Address 835 US 1 SOUTH SUITE 119, PMB 206 ST AUGUSTINE, FL 32086			
2. Principal Place of Business		3. Mailing Address 216 S.R. 312				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State St. Augustine, FL		4. FEI Number 20-3248349		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 32086		Country		Applied For Not Applicable		
6. Name and Address of Current Registered Agent DODD, LAWRENCE N 216 SR 312 ST AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP/ST DODD, LAWRENCE N 835 US 1 SOUTH SUITE 119, PMB 206 ST AUGUSTINE, FL 32086		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	216 S.R. 312 St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP DODD, KATHERINE H 835 US 1 SOUTH SUITE 119, PMB 206 ST AUGUSTINE, FL 32086		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	216 S.R. 312 St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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.						
SIGNATURE: <u><i>Lawrence N. Dodd, Pres.</i></u> 2/18/06 904 825-2372 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						