


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90087 023 \*\*\*150.00

**DOCUMENT # P05000162823**

1. Entity Name  
**VERTICAL ASSESSMENT ASSOCIATES INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
**8830 FREEDOM ROAD      8830 FREEDOM ROAD**  
**TALLAHASSEE, FL 32305 US      TALLAHASSEE, FL 32305 US**

00013000



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04102006      Chg-P      CR2E034 (11/05)

4. FEI Number  
**84-1697189**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent.

**RIGBY, LEE S**  
**8830 FREEDOM ROAD**  
**TALLAHASSEE, FL 32305**

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:       DATE: **4/17/06**

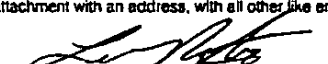
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reselecting)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$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	<b>P</b> <b>RIGBY, LEE S</b> <b>8830 FREEDOM ROAD</b> <b>TALLAHASSEE, FL 32305</b> <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	<b>VP</b> <b>STRAWN, WILLIAM C</b> <b>8830 FREEDOM ROAD</b> <b>TALLAHASSEE, FL 32305</b> <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	<b>T/S</b> <b>RIGBY-SMALLEY, ELAINE M</b> <b>8830 FREEDOM ROAD</b> <b>TALLAHASSEE, FL 32305</b> <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 Chapter 118, 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:       DATE: **4/17/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



Vertical Assessment Associates

- Vertical Transportation Consulting
- Inspection Services
- Maintenance Review Program
- Modernization
- Code Research
- Trial Research
- Traffic Analysis
- Site Surveys
- Project Management
- Plan Review
- NAESA (Certified Inspectors)
- BOCA (Certified Inspectors)

ATTACHMENT

66013838

# P05000162823  
May 1, 2006

**Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500**

RE: Annual Report

Dear Sir/Madam,

Please find enclosed our corrected annual report for filing. Thank you for your assistance.

Please feel free to call me should you have any questions.

Sincerely,

*Elaine Smalley*

Vertical Assessment Associates