

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045057

FILED  
Jul 01, 2009  
Secretary of State

Entity Name: VHT ACQUISITION COMPANY

**Current Principal Place of Business:**

405 N. REO ST., SUITE 300  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 N. REO ST., SUITE 300  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-4586905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
4221 W. BOYSCOUT BLVD.  
10TH FLOOR  
TAMPA, FL 33607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VASHOVSKY, STAN  
Address: 489 FIFTH AVENUE, THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: VPT ( ) Delete  
Name: LEVINE, MICHAEL G  
Address: 489 FIFTH AVENUE, THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VASHOVSKY, STAN  
Address: 42 W 39TH STREET, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

Title: VPT (X) Change ( ) Addition  
Name: LEVINE, MICHAEL G  
Address: 42 W 39TH STREET, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL G. LEVINE

VPT

07/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date