

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90012 005 \*\*\*150.00

<b>DOCUMENT # P94000054064</b> 1. Entity Name <b>VRD REALTY, INC.</b>					
Principal Place of Business <b>1601 FORUM PLACE STE 603 WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>1601 FORUM PLACE STE 603 WEST PALM BEACH, FL 33401 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0543403</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GELLER, HARVEY — GELLER, HARVEY</b> <b>1601 FORUM PLACE, SUITE 603</b> <b>WEST PALM BEACH, FL 33401</b>  <b>(NO (M) after HARVEY)</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>GELLER, HARVEY</b> <b>1601 FORUM PLACE STE 603</b> <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST <b>GELLER, DIDI</b> <b>1601 FORUM PL STE 603</b> <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>RANKIN, COTTIE E</b> <b>1601 FORUM PLACE STE 603</b> <b>WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>DIRKSEN, HENRY</b> <b>3420 N.W. 26TH AVE.</b> <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
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 my address with all other like empowered.					
SIGNATURE: _____ <b>2/28/07 561-616-3330</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>HARVEY GELLER, PRES.</b>					