


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90174 009 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P94000090414</b><br>1. Entity Name<br><b>VMC MANAGEMENT, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>1991 INDUSTRIAL DRIVE<br/>DELAND FL 32724</b>  |  |   | Mailing Address<br><b>1991 INDUSTRIAL DRIVE<br/>DELAND FL 32724</b>                     |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |  |  |
| City & State   |  | City & State                                  |   | 4. FEI Number <b>59-3286654</b>  |  |
| Zip  |  | Country                                       |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAROLAN, J.P. III<br/>390 NORTH ORANGE AVE.<br/>SUITE 600<br/>ORLANDO FL 32801</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>WHWW, INC.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>390 NORTH ORANGE AVE</b><br><b>SUITE 1500</b><br>City <b>ORLANDO</b> FL Zip Code <b>32801</b> |  |
| 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.<br>SIGNATURE <u><i>by Delanie Fricke, VP</i></u> <u><i>Delanie Fricke, VP</i></u> <u><i>5/26/06</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renovating) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |   |   | 9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. <input type="checkbox"/>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROBINSON, DAVID<br>1991 INDUSTRIAL DRIVE<br>DELAND FL 32724 |   | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   |   | <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 Section 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>David Robinson</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <u><i>4/18/06</i></u> <u><i>386-736-6688</i></u><br><small>Date Daytime Phone #</small> |  |  |

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1st MOORE CR2E034 (10/05)



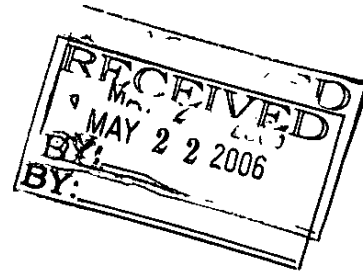
ATTACHMENT

66017670

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2006

VMC MANAGEMENT, INC.  
1991 INDUSTRIAL DRIVE  
DELAND, FL 32724



Subject: VMC MANAGEMENT, INC.

Reference Number: P94000090414

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION

*see attached*