2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P95000043521 1. Entity Name 04-12-2006 90083 018 ***150.00 VERTICAL CHESS INC. Principal Place of Business Mailing Address 326 PERUVIAN AVE 326 PERUVIAN AVE PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 1030 SiNGER D R. 3. Mailing Address 103051NG5RDR. Suite. Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State TL 33404 4. FEI Number Applied For 65-0584138 KIVIERA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PODULKA, TED C Street Address (P.O. Box Number is Not Acceptable) 1030 SINGER DR SINGER ISLAND FL 33404 City 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. 4-6.06 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME PODULKA, TED C NAME 1030 SINGER DR STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME PODULKA, PHILIP M STREET ADDRESS 11634 FICUS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Change ☐ Delete Addition NAME PODULKA, ANTHONY C MARIE STREET ADDRESS STREET ADDRESS 4863 ORLANDO CITY-ST-ZIP CITY-ST-7/E WEST PALM BEACH FL 33417 ☐ Defete TITLE ☐ Change ☐ Addition TITLE PODULKA, MARY K NAME STREET ADDRESS 319 3RD LN STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-Z(P ☐ Delete ☐ Change TITLE TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED