

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027851

FILED
Jan 27, 2005
Secretary of State

Entity Name: VIP CONCIERGE SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

620 NORTHEAST 12TH AVENUE
SUITE 603
HALLANDALE, FL 33009

New Principal Place of Business:

3 WESTWOOD AVENUE
SUITE 202
TEQUESTA, FL 33469

Current Mailing Address:

620 NORTHEAST 12TH AVENUE
SUITE 603
HALLANDALE, FL 33009

New Mailing Address:

3 WESTWOOD AVENUE
SUITE 202
TEQUESTA, FL 33469

FEI Number: 65-2655221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLHORST, LISA
620 NORTHEAST 12TH AVENUE
SUITE 603
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

BOLLHORST, LISA
3 WESTWOOD AVENUE
SUITE 202
TEQUESTA, FL 33469 US

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: LISA M. BOLLHORST

01/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLLHORST, LISA M
Address: 620 NORTHEAST 12TH AVENUE, SUITE 603
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: BOLLHORST, LEANDER K
Address: 620 NORTHEAST 12TH AVENUE, SUITE 603
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLLHORST, LISA M
Address: 3 WESTWOOD AVENUE, SUITE 202
City-St-Zip: TEQUESTA, FL 33469

Title: S (X) Change () Addition
Name: BOLLHORST, LEANDER K
Address: 3 WESTWOOD AVENUE, SUITE 202
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA M. BOLLHORST

P

01/27/2005

Electronic Signature of Signing Officer or Director

Date