

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104363

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: VIRTUAL TREASURE CHEST, INC.

## Current Principal Place of Business:

4760 ENTERPRISE AVENUE  
403  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

69 SHEPHERD DRIVE  
LEXINGTON, VA 24450 US

## New Mailing Address:

FEI Number: 65-0713802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEAL, PATRICK H  
48 TEMPLEWOOD COURT  
MARCO ISLAND, FL 33937 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: BALLENGER, ROBERT M.  
Address: 69 SHEPHERD DRIVE  
City-St-Zip: LEXINGTON, VA 24450

Title: SD ( ) Delete  
Name: BALLENGER, RICHARD B  
Address: 4760 ENTERPRISE AVENUE, SUITE 403  
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete  
Name: ROBERSON, TRAVIS W  
Address: 69 SHEPHERD DRIVE  
City-St-Zip: LEXINGTON, VA 24450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT M BALLENGER

CPD

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date