


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000018179</b> 1. Entity Name VANDALIA ENTERPRISES SOUTH, INC.	
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Principal Place of Business 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710	Mailing Address 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710
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**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0524659	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RHOADS, SHARON C 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710
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**DO NOT WRITE  
IN THIS SPACE**

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 Sharon C Rhoads Sharon C Rhoads 6/29/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RACHEL, ANNETTE C 10102 TARPON DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAYNARD, HAZEL A 144 WILLEY ST MORGANTOWN, WV 26505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000372425  
07/12/05-80007-001 558.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Annette C. Rachel 6-29-05 727-381-6551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #