

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000050377

1. Entity Name
VCS, INC.



FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90225 032 ***150.00

Principal Place of Business
2901W. OAKLAND PK BLVD.
#38
FORT LAUDERDALE, FL 33311 US

Mailing Address
2419 E. COMMERCIAL BLVD.
STE 100
FORT LAUDERDALE, FL 33308 US

2. Principal Place of Business
2419 E. Commercial Blvd
Suite, Apt. #, etc.
Suite 100
City & State
Ft. Lauderdale
Zip
33308

3. Mailing Address
Suite, Apt. #, etc.
City & State



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0759912	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
100 W CYPRESS CK RD. #700
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERRILLO, JAMES		NAME	
STREET ADDRESS	2419 E. COMMERCIAL BLVD. #100		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, DANIEL		NAME	
STREET ADDRESS	2419 E. COMMERCIAL BLVD. #100		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

James Verrillo

4/28/06

954-630-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #