

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000018720

1. Entity Name
VECTOR LOSS MANAGEMENT, INC.



Principal Place of Business
**707 FLAMINGO DRIVE
APOLLO BEACH, FL 33572**

Mailing Address
**P. O. BOX 3525
APOLLO BEACH, FL 33572**

**FILED
Mar 17, 2006 08:00 AM
Secretary of State**



03132006 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3495413 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WINDOM, DEBORAH K
707 FLAMINGO DR.
APOLLO BEACH, FL 33572**

**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

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

| | |
|----------------|-------------------------------|
| TITLE | O |
| NAME | WINDOM, DEBORAH K |
| STREET ADDRESS | 707 FLAMINGO DR. |
| CITY-ST-ZIP | APOLLO BEACH, FL 33572 |

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03/28/06 80021-024 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-390-7719

Daytime Phone #