


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000095075	
1. Entity Name VERSUS ENTERPRISE INC.	

FILED
05 SEP 19 AM 11:54
SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10563 ANGLER CT. ORLANDO, FL 32825	Mailing Address 10563 ANGLER CT. ORLANDO, FL 32825
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2. Principal Place of Business 14348 PARADISE TREE DR. Suite, Apt. #, etc. ORLANDO, FL.	3. Mailing Address 14348 PARADISE TREE DR. Suite, Apt. #, etc. ORLANDO, FL.
City & State ORLANDO, FL.	City & State ORLANDO, FL.
Zip 32828	Country U.S.A.

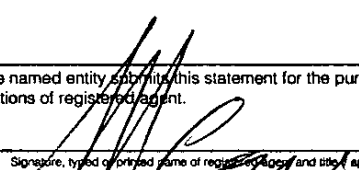


09162005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0889047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMEJO, MARIA L 14232 SW 21 TERR. MIAMI, FL 33175	7. Name and Address of New Registered Agent Name NEW ADDRESS ONLY Street Address (P.O. Box Number is Not Acceptable) 14348 PARADISE TREE DRIVE City ORLANDO FL 32828
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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  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAMEJO, MARIA L 14232 SW 21 TERR. MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14348 PARADISE TREE DR. ORLANDO, FL. 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____