
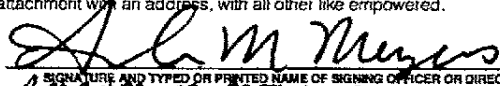


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000020317		
1. Entity Name VALUE ADDED SALES, INC.		
Principal Place of Business 12114 NW 1ST LANE GAINESVILLE, FL 32607	Mailing Address 12114 NW 1ST LANE GAINESVILLE, FL 32607	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MEYERS, JAY H 12114 NW 1ST LANE GAINESVILLE, FL 32607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEYERS, JAY H 12114 NW 1ST LANE GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERS, AMANDA M 12114 NW 1ST LANE GAINESVILLE, FL 32607	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  AMANDA M. MEYERS		1/12/05 352-331-4184 Date Daytime Phone #



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3562948	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000186330
01/21/05-80052-013 150.00

**DO NOT WRITE
IN THIS SPACE**