

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000025452

**Entity Name:** VIRTUAL REALITY AIDS, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

421 ORCHIS RD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

320 HIGH TIDE DRIVE  
SUITE 100  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

421 ORCHIS RD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

320 HIGH TIDE DRIVE  
SUITE 100  
ST. AUGUSTINE, FL 32080

**FEI Number:** 56-2029750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, LESLIE  
421 ORCHIS ROAD  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STRICKLAND, DOROTHY  
Address: 880 A1A BEACH BLVD. UNIT 3221  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY STRICKLAND

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date