


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90041 005 ***150.00

DOCUMENT # P99000041469 1. Entity Name VMS BUILDERS, INC.																																			
Principal Place of Business 232 S. DILLARD ST WINTER GARDEN, FL 34787		Mailing Address 232 S. DILLARD ST WINTER GARDEN, FL 34787																																	
2. Principal Place of Business - No P.O. Box # 1515 PARK CENTER DRIVE Suite, Apt. #, etc. SUITE 2D City & State ORLANDO FL Zip 32835		3. Mailing Address 1515 PARK CENTER DRIVE Suite, Apt. #, etc. SUITE 2D City & State ORLANDO FL Zip 32835																																	
Country USA		Country USA																																	
4. FEI Number 59-3575980		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 DELISLE, STEVEN A. 232 S. DILLARD ST WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 PARK CENTER DRIVE SUITE 2D City ORLANDO FL Zip Code 32835																																	
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: <u><i>Steven A. Delisle</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-25-07</u>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D <input type="checkbox"/> Delete DELISLE, STEVEN A 232 S. DILLARD ST WINTER GARDEN, FL 34787 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DELISLE, STEVEN A 232 S. DILLARD ST WINTER GARDEN, FL 34787															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL 32835 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1515 PARK CENTER DRIVE SUITE 2D ORLANDO FL 32835														
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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: <u><i>Steven A. Delisle</i></u> STEVEN DELISLE PRESIDENT 4-25-07 407-355-0001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			