

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687060

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ANALOG MODULES, INC.

**Current Principal Place of Business:**

126 BAYWOOD AVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

3000 TAFT STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2074349      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VICTOR, MENDELSON H ESQ.  
3000 TAFT STREET  
HOLLYWOOD, FL 33021      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VC ( ) Delete  
Name: MENDELSON, VICTOR  
Address: 3000 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: CRAWFORD, IAN D  
Address: 126 BAYWOOD AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: DT ( ) Delete  
Name: IRWIN, THOMAS S  
Address: 3000 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: VETTER, JUDITH W  
Address: 3000 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: AS ( ) Delete  
Name: LETENDRE, ELIZABETH R  
Address: 3000 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPHR (X) Delete  
Name: HEWITT, KATHY  
Address: 126 BAYWOOD AVE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: IRWIN, THOMAS S  
Address: 3000 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change ( ) Addition  
Name: VETTER, JUDITH W  
Address: 825 BRICKELL BAY DRIVE #1643  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS S. IRWIN

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

T

04/21/2009

\_\_\_\_\_ Date