


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P04375 1. Entity Name VFP FIRE SYSTEMS, INC.	
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Principal Place of Business 1301 L'ORIENT ST SAINT PAUL, MN 55117 US	Mailing Address 1301 L'ORIENT ST SAINT PAUL, MN 55117 US
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-1913510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000626816
 02/15/07-80034-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, RYAN 1301 L'ORIENT ST ST. PAUL, MN 55117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUHA, BRYAN 1301 L'ORIENT ST ST. PAUL, MN 55117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, L.R. 2366 ROSE PLACE SAINT PAUL, MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEADIE, WILLIAM 2366 ROSE PLACE SAINT PAUL, MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Bryan L. Kuha* Treasurer Date: 2/2/07 Daytime Phone #: 651.558.3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR