

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04375

1. Entity Name
VFP FIRE SYSTEMS, INC.



Principal Place of Business
1301 L'ORIENT ST
SAINT PAUL, MN 55117 US

Mailing Address
1301 L'ORIENT ST
SAINT PAUL, MN 55117 US



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00.

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

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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 01/23/08-80049-017 150.00

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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 Kuha
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08
 Date

651.558.3216
 Daytime Phone #