

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074960

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEDICAL VAPORIZATION PRODUCTS, INC.

Current Principal Place of Business:

3234 NW 29TH AVENUE
BOCA RATON, FL 33434

New Principal Place of Business:

2101 NW 19TH WAY
BOCA RATON, FL 33431

Current Mailing Address:

3234 NW 29TH AVENUE
BOCA RATON, FL 33434

New Mailing Address:

2101 NW 19TH WAY
BOCA RATON, FL 33431

FEI Number: 26-3154521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOMTOB, LENNARD
3234 NW 29TH AVENUE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

YOMTOB, LENNARD
2101 NW 19TH WAY
BOCA RATON, FL 33431 US

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

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOMTOB, LENNARD
Address: 3234 NW 29TH AVENUE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOMTOB, LENNARD
Address: 2101 NW 19TH WAY
City-St-Zip: BOCA RATON, FL 33431

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: LENNARD YOMTOB

Electronic Signature of Signing Officer or Director

P

04/30/2009

Date