

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074960

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL VAPORIZATION PRODUCTS, INC.

**Current Principal Place of Business:**

2101 NW 19TH WAY  
BOCA RATON, FL 33431

**New Principal Place of Business:**

10152 LEXINGTON CIRCLE NORTH  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

2101 NW 19TH WAY  
BOCA RATON, FL 33431

**New Mailing Address:**

10152 LEXINGTON CIRCLE NORTH  
BOYNTON BEACH, FL 33436

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  
2101 NW 19TH WAY  
BOCA RATON, FL 33431 US

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

YOMTOB, LENNARD  
10152 LEXINGTON CIRCLE NORTH  
BOYNTON BEACH, FL 33436 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: LENNERD YOMTOB

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YOMTOB, LENNARD  
Address: 10152 LEXINGTON CIRCLE NORTH  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: LENNERD YOMTOB

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date