


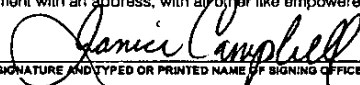
2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

113

06 FEB 24 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067661			
1. Entity Name VECTOR PRODUCTS, INC.			
Principal Place of Business 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 US		Mailing Address 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0604609		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02232006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GREGORY C. WARD, P.A. LAW OFFICES OF GREGORY C. WARD, P.A. 1111 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KRIEGER, MICHAEL 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEGER, RICHARD 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700066567827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, JANICE 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEGER, MAX 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> RAND, ADAM 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> AVCHEN, MALVIN 4140 SW 28TH WAY FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Janice Campbell 2/23/06 954-584-4446	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

K. Eckel FEB 24 2006

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ATTACHMENT TO
2006 FOR PROFIT CORPORATION ANNUAL REPORT -- FLORIDA

10. Officer and Directors:

Title: COO
Name: David Mayer
Street Address: 4140 SW 28th Way
City-ST-Zip: Fort Lauderdale, FL 33312



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
 REFERENCE : 885732 4809065
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 158.75

ORDER DATE : February 24, 2006
 ORDER TIME : 8:00 PM
 ORDER NO. : 885732-005
 CUSTOMER NO: 4809065

ANNUAL REPORT FILING

NAME: VECTOR PRODUCTS, INC.

RECEIVED
 06 FEB 24 AM 10: 58
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake-EXT#2959

EXAMINER'S INITIALS: _____