

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004923

Entity Name: OUR M.A.P.S., INC.

FILED  
Mar 03, 2009  
Secretary of State

## Current Principal Place of Business:

5197 MAIN ST.  
SUITE 8  
WAITSFIELD, VT 05673

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 726  
WAITSFIELD, VT 05673

## New Mailing Address:

FEI Number: 20-5031203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: HANS, PETER  
Address: 2624 N. RD.  
City-St-Zip: WAITSFIELD, VT 05673

Title: D ( ) Delete  
Name: MURPHY, LAWRENCE  
Address: 1440 RIPLEY RD.  
City-St-Zip: WATERBURY, VT 05676

Title: DS ( ) Delete  
Name: MURPHY, BARBARA  
Address: P.O. BOX 216  
City-St-Zip: WARREN, VT 05674

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA MURPHY

DS

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date