

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074765

Entity Name: VIPRE SYSTEMS LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1417 N SEMORAN BLVD. STE 207
ORLANDO, FL 32807

New Principal Place of Business:

1417 NORTH SEMORAN BLVD
207
ORLANDO, FL 32807

Current Mailing Address:

1417 N SEMORAN BLVD. STE 207
ORLANDO, FL 32807

New Mailing Address:

1417 NORTH SEMORAN BLVD
207
ORLANDO, FL 32807

FEI Number: 20-5304291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SCOTT
1417 N. SEMORAN BLVD. STE. 207
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

JONES, WILLIAM S
1417 NORTH SEMORAN BLVD
207
ORLANDO, FL 32807 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: WILLIAM S JONES

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ITRAX GROUP INC
Address: 2750 TAYLOR AVENUE, SUITE C
City-St-Zip: ORLANDO, FL 32806

Title: MGR (X) Delete
Name: HOPES LIGHT MINISTRY IRRV TR
Address: PO BOX 300982
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, WILLIAM S
Address: 1417 NORTH SEMORAN BLVD, #207
City-St-Zip: ORLANDO, FL 32807

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM S JONES

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date