

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L17068

**FILED**  
**Dec 01, 2006**  
**Secretary of State**

**Entity Name:** VANARSDALE INNOVATIVE PRODUCTS, INC.

**Current Principal Place of Business:**

P.O. BOX 19064  
PENSACOLA, FL 325236064

**New Principal Place of Business:**

4660 VOYAGER DRIVE  
PENSACOLA, FL 32514

**Current Mailing Address:**

P.O. BOX 19064  
PENSACOLA, FL 325236064

**New Mailing Address:**

P.O. BOX 19064  
PENSACOLA, FL 32523

**FEI Number:** 59-3028650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANARSDALE, EDWIN D.  
4650 VOYAGER DR.  
PENSACOLA, FL 32514 US

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

VANARSDALE, DONNA M.  
4650 VOYAGER DR.  
PENSACOLA, FL 32514 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: DONNA M. VANARSDALE

12/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VANARSDALE, EDWIN D.,  
Address: 4650 VOYAGER DR.  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: VANARSDALE, DONNA M.,  
Address: 4650 VOYAGER DR.  
City-St-Zip: PENSACOLA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VANARSDALE, DONNA M.,  
Address: 4650 VOYAGER DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change ( ) Addition  
Name: CAINE, THERESA A.,  
Address: 6915 TEMPLE LANE  
City-St-Zip: PENSACOLA, FL 32526

Title: T ( ) Change (X) Addition  
Name: BARNES, MARY K.,  
Address: 5671 TWIN CREEK CIRCLE  
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA M. VANARSDALE

P

12/01/2006

Electronic Signature of Signing Officer or Director

Date