## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L17068

Entity Name: VANARSDALE INNOVATIVE PRODUCTS, INC.

FILED Mar 30, 2009 Secretary of State

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4660 VOYAGER DRIVE 4660 VOYAGER DRIVE PENSACOLA, FL 32514 PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

P.O. BOX 19064 P.O. BOX 19064

PENSACOLA, FL 32523 PENSACOLA, FL 32523 US

FEI Number: 59-3028650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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 03/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 VANARSDALE, DONNA M.
 Name:
 VANARSDALE, DONNA M.

 Address:
 4650 VOYAGER DRIVE
 Address:
 4650 VOYAGER DRIVE

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32514 US

Title: S ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 CAINE, THERESA A.
 Name:
 CAINE, THERESA A.

 Address:
 6915 TEMPLE LANE
 Address:
 6915 TEMPLE LANE

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526 US

 Name:
 BARNES, MARY K.
 Name:
 BARNES, MARY K.

 Address:
 5671 TWIN CREEK CIRCLE
 Address:
 5671 TWIN CREEK CIRCLE

 City-St-Zip:
 PACE, FL 32571
 City-St-Zip:
 PACE, FL 32571 US

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

SIGNATURE: DONNA M VANARSDALE PRES 03/30/2009

above, or on an attachment with an address, with all other like empowered.