2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056757

HULL, ROBERT

6052 BLAKEFORD DR.

WINDERMERE, FL 34786

Name:

Address:

City-St-Zip:

Entity Name: VIEWPOINT DATA SYSTEMS, INC

FILED Apr 30, 2007 Secretary of State

Littly Nai	ille. VIEVVFO	INT DATA STSTEINIS, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	KEFORD DRIV MERE, FL 347				
Current Mailing Address:			New Mailing Address:		
	KEFORD DRIV MERE, FL 347				
FEI Number:	: 59-3726738	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BERGIN, RUSSELL F ESQ. 111 N. ORANGE AVENUE STE. 1025 ORLANDO, FL 32801 US			189 S. ORANGE AV STE. 900 S	BERGIN, RUSSELL F ESQ. 189 S. ORANGE AVENUE STE. 900 S ORLANDO, FL 32801 US	
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE: RUSSELL F. BERGIN				04/30/2007	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HULL, ROBER 6052 BLAKEFO WINDERMERE	DRD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (HULL, MICHEL 6052 BLAKEFO WINDERMERE	DRD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (HULL, MICHEL 6052 BLAKEFO WINDERMERE	DRD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	т (. Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT HULL P 04/30/2007