

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095770

Entity Name: VAPEX TECHNOLOGIES, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

220 MARY JESS ROAD  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

220 MARY JESS ROAD  
ORLANDO, FL 32839

## New Mailing Address:

FEI Number: 52-2382366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCOTT, LAURA  
220 MARY JESS ROAD  
ORLANDO, FL 32839 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: PDT ( ) Delete  
Name: SCOTT, LAURA  
Address: 220 MARY JESS ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: VD ( ) Delete  
Name: ERB, ELISHA W  
Address: 444 MAIN STREET, PO BOX 7615  
City-St-Zip: FITCHBURG, MA 014200024

Title: VD (X) Delete  
Name: RESCH, DARREL R  
Address: 20503 NETTLETON STREET  
City-St-Zip: ORLANDO, FL 32833

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: RESCH, DARREL R  
Address: 20503 NETTLETON STREET  
City-St-Zip: ORLANDO, FL 32833

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

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: LAURA SCOTT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/28/2006

\_\_\_\_\_  
Date