

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000085185

**Entity Name:** IMPORT PRODUCTS GROUP INC.

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4411 BEE RIDGE RD.  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4411 BEE RIDGE RD.  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 20-0128713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEST MANUFACTURING OF SARASOTA INC  
4411 BEE RIDGE RD.  
SARASOTA, FL 34233 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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: BEST MANUFACTURING O, F SARASOTA INC  
Address: 4411 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34233

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

Title: CEO (X) Change ( ) Addition  
Name: VELLIQUETTE, STEPHEN P CEO  
Address: 4411 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34233

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: STEPHEN P. VELLIQUETTE

CEO

04/20/2007

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

\_\_\_\_\_  
Date