2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P04000014086

Entity Name: VANDALAY HEALTHCARE PRODUCTS, INC.

Current Principal Place of Business:

2686 MACKLIN COURT
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 473
OZONA, FL 34660

New Mailing Address:

FEI Number: 20-0638608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, KIRBY
1405 NINTH STREET NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

SCHRIEFER, THOMAS
3113 S. CANAL DR.
PALM HARBOR, FL 34684 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: THOMAS SCHRIEFER 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLINGER, MARY
Address: 356 15TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP ( ) Delete
Name: WATSON, VERDA M
Address: 356 15TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: S ( ) Delete
Name: SCHRIEFER, THOMAS R
Address: P. O. BOX 473
City-St-Zip: OZONA, FL 34660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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.

SIGNATURE: THOMAS SCHRIEFER S 04/24/2009
Electronic Signature of Signing Officer or Director Date