

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081096

Entity Name: VAP RESOURCES, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

1461 BANKS ROAD
MARGATE, FL 33063 US

New Principal Place of Business:

1459 BANKS ROAD
MARGATE, FL 33063 US

Current Mailing Address:

P O BOX 936012
MARGATE, FL 330936012 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINCLAIR, DOUGLAS B
1459 BANKS ROAD
MARGATE, FL 33063 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: P () Delete
Name: MINTZ, GARY
Address: 1459 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Delete
Name: SINCLAIR, DOUGLAS B
Address: 1459 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SINCLAIR, DOUGLAS B
Address: 1459 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

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: DOUGLAS B SINCLAIR

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date