

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029294

Entity Name: VIP EMS PRODUCTS, INC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

1801 NE 28TH TERRACE
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1801 NE 28TH TERRACE
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 26-2258490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKER, JAMES T
1801 NE 28TH TERRACE
POMPANO BEACH, FL 33062 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: PARKER, JAMES T
Address: 1801 NE 28TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP () Delete
Name: PARKER, JAMES T
Address: 1801 NE 28TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S () Delete
Name: PARKER, JAMES T
Address: 1801 NE 28TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: T () Delete
Name: PARKER, JAMES T
Address: 1801 NE 28TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: CFO () Delete
Name: PARKER, DAVID EVAN
Address: 3289 WALLACE DR.
City-St-Zip: GRAND ISLAND, NY 140721031

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: CFO (X) Change () Addition
Name: PARKER, DAVID EVAN
Address: 3289 WALLACE DR.
City-St-Zip: GRAND ISLAND, NY 14072

Title: CEO () Change (X) Addition
Name: PARKER, DAVID
Address: 3289 WALLACE DRIVE
City-St-Zip: GRAND ISLAND, NY 14072

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: JAMES T. PARKER

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date