2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034878

Entity Name: LOW PRESSURE SYSTEM, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	N RIVER BLVD CH, FL 32960	US			
Current Mailing Address:			New Mailing Address:		
	N RIVER BLVD CH, FL 32960	US			
FEI Number:	65-0402885	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SWANSON, MELANIE 2053 INDIAN RIVER BLVD VERO BEACH, FL 32960 US					
The above in the State		bmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Age	nt	Date	
Election Cam	paign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D SWANSON, ERIC 3085 MARINERS VERO BEACH, FL	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS () D SWANSON, MELA 3085 MARINERS VERO BEACH, FL	NIE WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: MELANIE SWANSON TS 04/06/2009