2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000062307

1. Entity Name
VPE, INC.

Principal Place of Business	Mailing Address
9 SUNSET DR SAUGUS, MA 01906 US	9 SUNSET DR SAUGUS, MA 01906 US

DO NOT WRITE IN THIS SPACE

03022005   No Chg-P   CR2E034 (10/03)

4. FEI Number
04-3307298

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOHIP, AMINIE ESQ.
ONE TAMPA CITY CENTER STE 2600
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	THEODORE, CHRISTINE E.
STREET ADDRESS	9 SUNSET DRIVE
CITY-ST-ZIP	SAUGUS, MA 01906

U000000266518
03/17/05-80033-011 150.00

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine E. Theodore*   3/14/05   781-233-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #