

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 28, 2009
Secretary of State**

DOCUMENT# P98000033254

Entity Name: WPCS INTERNATIONAL - SARASOTA, INC.

Current Principal Place of Business:

2017 CATTLEMEN RD.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

2017 CATTLEMEN RD.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0829440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANKERSMIT, ANTHONY W
2017 CATTLEMEN RD.
SARASOTA, FL 34232 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANKERSMIT, ANTHONY W
Address: 2017 CATTLEMEN RD.
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: HEATER, JOSEPH A
Address: ONE EAST UWCHLAN AVE., SUITE 301
City-St-Zip: EXTON, PA 19341

Title: S () Delete
Name: HIDALGO, ANDREW
Address: ONE EAST UWCHLAN AVE., SUITE 301
City-St-Zip: EXTON, PA 19341

Title: V () Delete
Name: HEINZ, JAMES
Address: 804 LEBANON DR.
City-St-Zip: ST. LOUIS, MO 63104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: LESTER, MICHAEL D
Address: 2017 CATTLEMEN RD.
City-St-Zip: SARASOTA, FL 34232

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: ANTHONY W ANKERSMIT

D

09/28/2009

Electronic Signature of Signing Officer or Director

_____ Date