2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000037694

1. Entity Name
VAPOR ENGINEERING, INC.

Principal Place of Business	Mailing Address
3987 N "W" STREET UNIT 11 PENSACOLA, FL 32505	POST OFFICE BOX 15209 PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
36-2556272	Not Applicable

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

6. Name and Address of Current Registered Agent

KALIS, EDWARD L
147 MIRABELLE CIRCLE
PENSACOLA, FL 32514

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KALIS, EDWARD
STREET ADDRESS	147 MIRABELL CIR
CITY-ST-ZIP	PENSACOLA, FL 32514

TITLE	STD
NAME	KALIS, PHYLLIS
STREET ADDRESS	147 MIRABELLE CIR
CITY-ST-ZIP	PENSACOLA, FL 32514

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/11/06-80005-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Edward Kalis_   1/5/2006   850-434-3191

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