


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT # P99000018970 1. Entity Name VITAL SYSTEMS ELECTRONICS, INC.	
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Principal Place of Business 1306 NW LAKEVIEW DRIVE SEBRING, FL 33870	Mailing Address 1306 NW LAKEVIEW DRIVE SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



08222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0891317	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SPARKS, VICTORIA L
1306 N.W. LAKEVIEW DR.
SEBRING, FL 33870**

**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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, VICTORIA L 1306 N.W. LAKEVIEW DR. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUAM, KATHY L 135 RANCHERO DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPARKS, CHERYL L 1306 NW LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/31/07-80003-012 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/07
Date

Daytime Phone #