


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000062307

1. Entry Name
VPE, INC.



Principal Place of Business Mailing Address

9 SUNSET DR **9 SUNSET DR**
SAUGUS, MA 01906 US **SAUGUS, MA 01906 US**

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
04-3307298 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

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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 _____ (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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000266518
 03/17/05-60033-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 #