

2009 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

209431054
 05/26/2009



① CORPORATION NAME
 Center for Vigilant Freedom Incorporated

DUE DATE **1/30/2009**
 CORPORATION ID **0670082-7**

② VA REGISTERED AGENT NAME AND ADDRESS DIRECTOR
 CHRISTINE BRIM
 9206 BAYARD PL
 FAIRFAX VA 22032

⑤ STOCK INFORMATION

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE
 129 - FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION
 VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE Carefully read the attached instruction sheet Type or print in black only If item ⑤ is blank or incorrect, you must add or change the principal office address where indicated If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated

⑥ PRINCIPAL OFFICE ADDRESS

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below
ADDRESS P O BOX 2773	ADDRESS
CITY/ST/ZIP FAIRFAX VA 22031	CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS

All directors and principal officers must be listed
 An individual may be designated as both a director and an officer

Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME VICKY MARLENE KAUFER TITLE DIRECTOR ADDRESS P O BOX 2773 CITY/ST/ZIP FAIRFAX VA 22031	NAME OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> TITLE DIRECTOR-PRESIDENT ADDRESS CITY/ST/ZIP

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE

Christine Brim
 SIGNATURE OF DIRECTOR/OFFICER
 LISTED IN THIS REPORT

Christine Brim, Director-Secretary May 1, 2009
 PRINTED NAME AND TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing

2009 ANNUAL REPORT CONTINUED

DUE DATE: 1/30/2009
CORPORATE ID: 0670082-7

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued) All directors and principal officers must be listed
An individual may be designated as both a director and an officer

<p>Mark appropriate box unless area below is blank</p> <p><input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME CHRISTOPHER KNOWLES OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE DIRECTOR</p> <p>ADDRESS P O BOX 2773</p> <p>CITY/ST/ZIP FAIRFAX VA 22031</p>	<p>NAME OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE <i>DIRECTOR-TREASURER</i></p> <p>ADDRESS</p> <p>CITY/ST/ZIP</p>
<p>Mark appropriate box unless area below is blank</p> <p><input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME EDWARD S MAY OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE DIRECTOR</p> <p>ADDRESS P O BOX 2773</p> <p>CITY/ST/ZIP FAIRFAX VA 22031</p>	<p>NAME OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE <i>DIRECTOR-VICE PRESIDENT</i></p> <p>ADDRESS</p> <p>CITY/ST/ZIP</p>
<p>Mark appropriate box unless area below is blank</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE</p> <p>ADDRESS</p> <p>CITY/ST/ZIP</p>	<p>NAME <i>CHRISTINE BRIM</i> OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE <i>DIRECTOR-SECRETARY</i></p> <p>ADDRESS <i>PO BOX 2773</i></p> <p>CITY/ST/ZIP <i>FAIRFAX VA 22031</i></p>
<p>Mark appropriate box unless area below is blank</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE</p> <p>ADDRESS</p> <p>CITY/ST/ZIP</p>	<p>NAME OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE</p> <p>ADDRESS</p> <p>CITY/ST/ZIP</p>