

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103658

FILED
Apr 30, 2008
Secretary of State

Entity Name: VITAL BUSINESS SERVICES, INC.

Current Principal Place of Business:

2701 N. ROCKY POINT DR.
SUITE 325
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2701 N. ROCKY POINT DR.
SUITE 325
TAMPA, FL 33607

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROES, CHARLES
7029 PELICAN ISLAND DRIVE
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: BROES, CHARLES
Address: 7029 PELICAN ISLAND DRIVE
City-St-Zip: TAMPA, FL 33634

Title: COO () Delete
Name: FURLONG, RICHARD
Address: 15220 LEITH WALK LANE
City-St-Zip: TAMPA, FL 33618

Title: DIR (X) Delete
Name: CLANCY, MARK
Address: 2701 N ROCKY POINT DR., STE. 325
City-St-Zip: TAMPA, FL 33607

Title: CEO (X) Delete
Name: MAIER, LISA
Address: 8067 COUNTRY CLUB RD. N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: DIR () Delete
Name: LETZEISEN, ROBERT
Address: 13970 W. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHARLES BROES

COB

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date