


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90092 011 \*\*\*150.00

**DOCUMENT # P97000035705**

1. Entity Name  
**BONVITAL, INC.**



Principal Place of Business      Mailing Address

6896 WITTMAN DR                      6896 WITTMAN DR  
 FT MYERS, FL 33919                  FT MYERS, FL 33919

**DO NOT WRITE IN THIS SPACE**



03102006    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0747470	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

GREENBERG, ARTHUR  
 6896 WITTMAN DR  
 FT MYERS, FL 33919

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      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 NAME STREET ADDRESS CITY - ST - ZIP	ST GREENBERG, ARTHUR 6896 WITTMAN DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREENBERG, LORRAINE 6896 WITTMAN DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**

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]      Date: 4/10/2006      Daytime Phone #: 1888-481-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR