2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537422

Entity Name: VITA VIA, INC.

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3520 S. OCEAN BLVD APARTMENT 201 L PALM BEACH, FL 33480 US **New Mailing Address: Current Mailing Address:** 1156 15 ST NW 1150 17 STREET, NW WASHINGTON, DC 20005 US WASHINGTON, DC 20036 US FEI Number: 52-1095768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVES, GAIL 3520 S. OCEAN BLVD #201 LINDA PALM BEACH, FL 33480 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition REICH, ANNE S Name: Name: 4200 MASSACHUSETTS AVE NW #506 Address: Address: City-St-Zip: WASHINGTON, DC 20016 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BODZIN, STEPHEN A Name: BODZIN, STEPHEN A 1156 15TH STREET, NW, SUITE 329 1150 17TH STREET, NW, SUITE 302 Address: Address: WASHINGTON, DC 20005 WASHINGTON, DC 20036 City-St-Zip: City-St-Zip: Title: Title: PTD () Delete () Change () Addition KOPKIN, LISA R Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN BODZIN SD 06/29/2009

375 WATERS BEND WAY

ALPHARETTA, GA 30022

Address: City-St-Zip: