

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90016 003 ***150.00

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DOCUMENT # F0000001745					
1. Entity Name VITAMIN SHOPPE INDUSTRIES INC.					
Principal Place of Business 2101 91ST STREET NORTH BERGEN, NJ 07047			Mailing Address 2101 91ST STREET NORTH BERGEN, NJ 07047		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01082007 Chg-P CR2E034 (12/06)	
4. FEI Number 13-2993785				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLWORTHY, TOM			NAME	
STREET ADDRESS	2101 91ST STREET			STREET ADDRESS	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONN, DOUGLAS			NAME	
STREET ADDRESS	383 MADISON AVE, 40TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10179			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENKEE, RICHARD			NAME	
STREET ADDRESS	383 MADISON AVE, 40TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10179			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOHN			NAME	
STREET ADDRESS	383 MADISON AVE APT FL			STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10179			CITY-ST-ZIP	
TITLE	VPC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFORGIA, COSMO			NAME	
STREET ADDRESS	2101 91ST STREET			STREET ADDRESS	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____			11/7/07		(201)624-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #