2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # F0000005716 04-13-2007 90185 019 ***150.00 1. Entity Name VITACOST.COM, INC. Principal Place of Business Mailing Address 2055 HIGH RIDGE ROAD 2055 HIGH RIDGE ROAD **BOYNTON BEACH, FL 33426** BOYNTON BEACH, FL 33426 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 352 03302007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 37-1333024 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, RICHARD CFO Street Address (P.O. Box Number is Not Acceptable) 2055 HIGH RIDGE RD BOYNTON BEACH, FL 33426 Zip Code 3 3 442 Bea 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. Lam familiar with, and accept the obligations of registered ager 3-30-2007 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition Director 352 S.W. 12th Ace Deerfield Boach Fz 33442 Michange Addition JOSEPHS, ALLEN S NAME NAME STREET ADDRESS 2055 HIGH RIDGE ROAD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP ST TITLE ☐ Delete TITLE SMITH, RICHARD NAME NAME STREET ADDRESS 2055 HIGH RIDGE WOOD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE ST TITLE Delete IIFELD, DAVID NAME NAME STREET ADDRESS 2055 HIGH RIDGE RD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE Delete TITLE GORSEK, WAYNE F MAKE NAME 2055 HIGH RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Vice Preside 352 S.W. 12th Aue Deerfield R-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied withy indicated on this report of supplemental report is true of the corporation or the eceiver or trustee empower changed, or on an attachment with an address, with re empowered SIGNATURE:

PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

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