## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005543

Entity Name: KARA VITA, LLC

Address:

City-St-Zip:

5418 RUTLAND CT

ORLANDO, FL 32812

FILED Aug 26, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7558 SOUTHLAND BLVD., STE. 105 ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 7558 SOUTHLAND BLVD., STE. 105 ORLANDO, FL 32809 FEI Number: 26-0067717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, BEN 7558 SOUTHLAND BLVD., STE. 105 ORLANDO, FL 32809 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHUCHERT, KARALYN R Name: Name: 1949 SUGARLAND DRIVE, NO. 250 Address: Address: City-St-Zip: SHERIDAN, WY 82801 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HALLORAN, JENNIE Name: 3956 TOWN CENTER BLVD., #130 Address: Address: ORLANDO, FL 32837 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition DUFFEY, DEBORAH Name: Name: 2040 CALUMET STREET Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: CFO ( ) Delete Title: () Change () Addition WILLIAMS, BEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BENJAMIN WILLIAMS CFO 08/26/2004