

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 019 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # F04000005326				
1. Entity Name VITALITY FOODSERVICE, INC.				
Principal Place of Business 400 NORTH TAMPA STREET, SUITE 1700 TAMPA, FL 33602		Mailing Address 400 NORTH TAMPA STREET, SUITE 1700 TAMPA, FL 33602		
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	4. FEI Number 20-1478302
				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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEINEA, JOSEPH	NAME	Heinen	
STREET ADDRESS	400 NORTH TAMPA STREET	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP		
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILJOEN, GARY	NAME		
STREET ADDRESS	400 NORTH TAMPA STREET	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACHESON, DARREN L	NAME		
STREET ADDRESS	400 NORTH TAMPA STREET	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP		
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KIMBERLY S	NAME		
STREET ADDRESS	400 NORTH TAMPA STREET	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP		
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINTON, JOHN	NAME		
STREET ADDRESS	400 NORTH TAMPA STREET	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADANI, DAVID	NAME		
STREET ADDRESS	400 NORTH TAMPA STREET	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602	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: <u>K.S. [Signature]</u>		EVP + CFO		1/8/07 813-301-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #