2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006403

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Delete

() Delete

(X) Delete

3320 SOUTH TROPICAL TRAIL

MERRITT ISLAND, FL 32952

PHOENIX, AZ 850280018

3830 WINDERLAKES DR.

ORLANDO, FL 32835

NICHOLAS, JUNE

BRYANT, DAVID

P. O. BOX 22018

SMITH, KEVIN

Entity Name: VITALTRUST BUSINESS DEVELOPMENT CORPORATION

FILED Apr 30, 2008 Secretary of State

New Principal Place of Business:

2701 N. ROCKY POINT DR. #325 TAMPA, FL 33607				5025 W. LEMON STREET #200 TAMPA, FL 33609			
Current Mailing Address:				New Mailing Address:			
2701 N ROCKY POINT DR. #325 TAMPA, FL 33607			5025 W. LEMON STREET #200 TAMPA, FL 33609				
FEI Number:	88-0503197	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BROES, CHARLES 2701 N ROCKY POINT DR. #325 TAMPA, FL 33607 US				BROES, CHARLES 2701 N ROCKY POINT DR. #325 TAMPA, FL 33609 US			
The above in the State		ubmits this statement for the p	ourpose o	f changing i	ts registered	office or registered agent, or both,	
SIGNATURE:				04/30/2008			
	Electroni	c Signature of Registered Age	ent			Date	
Election Can	npaign Financing	BROES, CHARLES 2701 N ROCKY POINT DR. #325 TAMPA, FL 33609 US amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, of Florida. E:					
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BROES, CHARL 7029 PELICAN I	ES SLAND DR.		Name: Address:	EDWARDS, . 5025 W. LEN	ALEX H III MON STREET	
Title: Name: Address: City-St-Zip:	D () HOOD, DAVID 555 KEMP RD. DELHI, NY 137	Delete 53		Title: Name: Address: City-St-Zip:	STECKEL, S 8473 TALLA	(X) Change ()Addition TEPHEN HASSEE DRIVE NE BURG, FL 33702	

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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.

SIGNATURE: STEPHEN C. STECKEL TREA 04/30/2008

(X) Change () Addition

(X) Change () Addition

() Change () Addition

30000 BAYPORT DRIVE, STE910

ROCKEFELLER, STEVEN C JR.

STANTON, JOHN

TAMPA, FL 33607

5025 W. LEMON ST.

TAMPA, FL 33609