## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000001149

Entity Name: VITETTA GROUP INCORPORATED

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4747 SOUTH BROAD ST %PHILADELPHIA NAVAL BUSINESS CTR. PHILADELPHIA, PA 19112 US				4747 SOUTH BROAD ST PHILADELPHIA NAVAL BUSINESS CTR. PHILADELPHIA, PA 19112 US			
Current Mailing Address:				New Mailing Address:			
4747 SOUTH BROAD ST %PHILADELPHIA NAVAL BUSINESS CTR. PHILADELPHIA, PA 19112 US			4747 SOUTH BROAD ST PHILADELPHIA NAVAL BUSINESS CTR. PHILADELPHIA, PA 19112 US				
FEI Number:	23-2509651	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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 Carr		(2)(b), F.S., the corporation did not r Trust Fund Contribution(). ORS:	receive t	•		O OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () I VITETTA, FRANC 1021 SUMNEYTO SPRING HOUSE	OWN PIKE		Title: Name: Address: City-St-Zip:	DPT (X) 0 HOFFMANN, ALA 1703 EAST DRIV VENTNOR, NJ 0	Æ	
Title: Name: Address: City-St-Zip:	PD () I HOFFMANN, ALA 1703 E DR VENTNOR, NJ 0			Title: Name: Address: City-St-Zip:	DVPS (X)	)	
Title: Name: Address: City-St-Zip:	VPS ( ) I MINTON, MICHA 420 POMPONA I CINNAMINSON, I	ROAD		Title: Name: Address: City-St-Zip:	D (X) C KELLER, JAMES 2325 LOCUST S PHILADELPHIA,	TREET	
Title: Name: Address: City-St-Zip:	D (X) KELLER, JAMES 2325 LOCUST S PHILADELPHIA,	TREET		Title: Name: Address: City-St-Zip:	( ) (	Change()Addition	
Title: Name: Address: City-St-Zip:	DAS (X) HOLLAND, RICH 102 DEVON ROA CINNAMINSON, I	AD.		Title: Name: Address: City-St-Zip:	()(	Change()Addition	
Title: Name: Address:	D (X) DORSEY, JAME: 947 OLD ENGLA	ND AVENUE		Title: Name: Address:	()(	Change ( ) Addition	

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.

SIGNATURE: ALAN P HOFFMANN DPT 07/07/2005