

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000054188

**FILED**  
**Dec 08, 2010**  
**Secretary of State****Entity Name:** VITA NUTRITIONALS, LLC**Current Principal Place of Business:**28050 US HIGHWAY 19 N  
SUITE 302  
CLEARWATER, FL 33761**New Principal Place of Business:****Current Mailing Address:**28050 US HIGHWAY 19 N  
SUITE 302  
CLEARWATER, FL 33761**New Mailing Address:**509 S. HYDE PARK AVE.  
TAMPA, FL 33606**FEI Number:** 20-4935808**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FREEMAN, JAMES W  
28100 US 19 N  
SUITE 408  
CLEARWATER, FL 33761 US**Name and Address of New Registered Agent:**KALOUST, DEREK JD,LLM  
509 S. HYDE PARK AVE.  
TAMPA, FL 33606 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: DEREK KALOUST, JD,LLM

12/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR  
**Name:** EDLUND, JAMES A  
**Address:** 509 S. HYDE PARK AVE.  
**City-St-Zip:** TAMPA, FL 33602**Title:** MGR  
**Name:** KALOUST, EDWARD  
**Address:** 509 S. HYDE PARK AVE.  
**City-St-Zip:** TAMPA, FL 33606**Title:** MGR  
**Name:** ZBELLA, EDWARD  
**Address:** 509 S. HYDE PARK AVE  
**City-St-Zip:** TAMPA, FL 33606

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES A. EDLUND

MGR

12/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date