2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64371

2035 LAUREL DR

MIDDLEBURG, FL 32068

Address:

City-St-Zip:

Entity Name: VITAL-18 ENTERPRISES INC.

FILED Jul 13, 2007 Secretary of State

Littly Nai	ile. VITAL-101	INTERPRIOLO, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4437 HWY P.O. BOX MIDDLEBU		US	4437 HWY 218 W MIDDLEBURG, FL 230	68 US	
Current M	ailing Address	5 :	New Mailing Address:	New Mailing Address:	
4437 HWY 218 W P.O. BOX 1205 MIDDLEBURG, FL 320501205 US			4437 HWY 218 W MIDDLEBURG, FL 320	4437 HWY 218 W MIDDLEBURG, FL 320501205 US	
FEI Number:	59-2865358	FEI Number Applied For () FE	I Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4810 GOR	PATRICIA A HER LANE JG, FL 32068	US	LANE, LINDA C 1984 REDBUG ALLEY MIDDLEBUG, FL 32068	3 US	
The above in the State		ubmits this statement for the purpo	se of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: LINDA C.	_ANE		07/13/2007	
	Electroni	c Signature of Registered Agent		Date	
		(2)(b), F.S., the corporation did not rece Trust Fund Contribution ().	eive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BROWN, PATRI 4810 GOPHER (MIDDLEBURG, I	CIR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () LANE, LINDA C 1984 REDBUG A MIDDLEBURG, I		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () LANE, JOHN P 1984 REDBUG A MIDDLEBURG, I		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S () SEROKI, SHEIL	Delete A A	Title: (Name:) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LINDA C. LANE VP 07/13/2007