2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003812

Entity Name: VITAL FOR LIFE, INC.

DP

() Delete

FILED Apr 29, 2006 Secretary of State

() Change () Addition

Current Principal Place of Business: New Principal Place of Business: 3270 NW 88TH AVE 7216 W. OAKLAND PARK BLVD SUNRISE, FL 33351 LAUDERHILL, FL 33313 **Current Mailing Address: New Mailing Address:** 3270 NW 88TH AVE 7216 W. OAKLAND PARK BLVD SUNRISE, FL 33351 LAUDERHILL, FL 33313 FEI Number: 65-1112021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: RYMER, VICTOR MCCORMICK, APRIL 3270 NW 88TH AVE 7216 W. OAKLAND PARK BLVD US SUNRISE, FL 33351 LAUDERHILL, FL 33313 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: APRIL MCCORMICK 04/29/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LEWIS. PRINCELLA Name: Name: 3270 NW 88TH AVE Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: DT () Delete Title: () Change () Addition RYMER, VICTOR Name: Name: Address: 3270 NW 88TH AVE Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, JOYCE Name: Name: Address: 3270 NW 88TH AVE Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: вм () Delete Title: () Change () Addition ALMONTE, EMILY Name: Name: Address: 3270 NW 88 AVE Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL MCCORMICK RA 04/29/2006