

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90490 011 \*\*\*\*61.25

DOCUMENT # N03000010526	
1. Entity Name VITA BREVITAS, INC.	



Principal Place of Business 605 MICHIGAN BOULEVARD APT. NO. 122 DUNEDIN, FL 34698 US	Mailing Address 605 MICHIGAN BOULEVARD APT. NO. 122 DUNEDIN, FL 34698 US
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94063356



2. Principal Place of Business 605 MICHIGAN BLVD Suite, Apt. #, etc. # 122 City & State DUNEDIN, FL. Zip 34698 Country FLORIDA	3. Mailing Address 605 MICHIGAN BLVD Suite, Apt. #, etc. # 122 City & State DUNEDIN, FL. Zip 34698 Country FLORIDA
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04202004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent GALLAGHER, FRANCIS O 605 MICHIGAN BOULEVARD APT NO 122 DUNEDIN, FL 34698	
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4. FEI Number 20-1025186	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Francis O. Gallagher</i> Signature, typed or printed name of registered agent and title if applicable	DATE 4/20/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T GALLAGHER, FRANCIS O 605 MICHIGAN BOULEVARD, APT. 122, DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S GALLAGHER, CAROLE A 605 MICHIGAN BOULEVARD, APT. 122 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Francis O. Gallagher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/20/04 727 736 3048 Date Telephone