

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90226 019 ****70.00

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1. Entity Name
VITALITY, INC.



Principal Place of Business
**70 BATTLER STREET SUITE ONE
ORLANDO, FL 32828**

Mailing Address
**70 BATTLER STREET SUITE ONE
ORLANDO, FL 32828**

00003107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122006

Chg-NP

CR2E037 (11/05)

4. FEI Number

06-1769448

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, GREGORY
315 EAST ROBINSON STREET SUITE 510
ORLANDO, FL 32828**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
TOLLIVER, LENA E
70 BATTLER STREET SUITE ONE
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
JACKSON, GREGORY
315 EAST ROBINSON STREET SUITE 510
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CLO
JACKSON, GREGORY
315 EAST ROBINSON STREET SUITE 510
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TED
TOLLIVER, SHARITA
70 BATTLER STREET SUITE ONE
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AD
SIMS, TAMBRA
6707 MERIT MOOR CIRCLE
ORLANDO, FL 32818** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FABII, SHARI
9042 ST. JEFFERSON BLVD.
ORLANDO, FL 32818** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Second Secretary
Latoria Governor
5129 Luna Negra Drive
Orlando, FL 32811** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lena E. Tolliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2006
Date

Daytime Phone #

Lena E. Tolliver, Chief Executive Officer