

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006618

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: VITALITY, INC.

**Current Principal Place of Business:**

70 BATTLER STREET SUITE ONE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

70 BATTLER STREET SUITE ONE  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 06-1769448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CCEO ( ) Delete  
Name: TOLLIVER, LENA E  
Address: 70 BATTLER STREET SUITE ONE  
City-St-Zip: ORLANDO, FL 32828

Title: VC ( ) Delete  
Name: JACKSON, GREGORY  
Address: 315 EAST ROBINSON STREET SUITE 510  
City-St-Zip: ORLANDO, FL 32828

Title: CLO ( ) Delete  
Name: JACKSON, GREGORY  
Address: 315 EAST ROBINSON STREET SUITE 510  
City-St-Zip: ORLANDO, FL 32828

Title: T ( ) Delete  
Name: TOLLIVER, SHARITA  
Address: 70 BATTLER STREET SUITE ONE  
City-St-Zip: ORLANDO, FL 32828

Title: AD ( ) Delete  
Name: SIMS, TAMBRA  
Address: 6707 MERIT MOOR CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: 2S ( ) Delete  
Name: GOVERNOR, LATORIA  
Address: 5129 LUNA NEGRA DR  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENA TOLLIVER

Electronic Signature of Signing Officer or Director

CCEO

04/29/2007

\_\_\_\_\_ Date