

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
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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

CCEO

04/29/2007

Electronic Signature of Signing Officer or Director

Date