2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011461

602 N. OCEAN BLVD.

DELRAY BEACH, FL 33483

Address:

City-St-Zip:

FILED Apr 01, 2008 Secretary of State

Entity Name: VITAL CHARITY, INC **Current Principal Place of Business: New Principal Place of Business:** 602 N. OCEAN BLVD. DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 602 N. OCEAN BLVD. DELRAY BEACH, FL 33483 FEI Number: 26-1514022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NEUMAN, ARAVINDA Name: Name: Address: 602 N. OCEAN BLVD. Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEUMAN, YVONNE Name: Address: 602 N. OCEAN BLVD. Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: () Change () Addition NEUMAN, MITHRA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ARAVINDA NEUMAN D 04/01/2008