2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N07000011461

Entity Name: VITAL CHARITY, INC

Current Principal Place of Business:

602 N. OCEAN BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

777 E. ATLANTIC AVE
SUITE. C2, #391
DELRAY BEACH, FL 33483

Current Mailing Address:

602 N. OCEAN BLVD.
DELRAY BEACH, FL 33483

New Mailing Address:

777 E. ATLANTIC AVE
SUITE. C2, #391
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

NEUMAN, ARAVINDA
777 E. ATLANTIC AVE
SUITE. C2, #391
DELRAY BEACH, FL 33483 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: ARAVINDA NEUMAN 03/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NEUMAN, ARAVINDA
Address: 602 N. OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: NEUMAN, YVONNE
Address: 602 N. OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: NEUMAN, MITHRA
Address: 602 N. OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NEUMAN, ARAVINDA
Address: 777 E. ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change ( ) Addition
Name: NEUMAN, YVONNE
Address: 777 E. ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change ( ) Addition
Name: NEUMAN, MITHRA
Address: 777 E. ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

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: ARAVINDA NEUMAN D 03/15/2009
Electronic Signature of Signing Officer or Director Date