2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084571

FILED Apr 12, 2007 Secretary of State

Entity Nam	ie: THE VITA	ALITY CENTER, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
3110 STATE ROAD 60 EAST VALRICO, FL 33594				2605 STATE ROAD 60 EAST VALRICO, FL 33594		
Current Mailing Address:				New Mailing Address:		
3110 STATE ROAD 60 EAST VALRICO, FL 33594				PO BOX 2218 VALRICO, FL 33595		
FEI Number:	59-3669843	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FRIMPTER, JACQUELYN R 3110 STATE ROAD EAST VALRICO, FL 33594 US				FRIMPTER, JACQUELYN R 2605 STATE ROAD EAST VALRICO, FL 33594 US		
The above in the State		submits this statement for the p	urpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/12/2007		
		nic Signature of Registered Age	ent		Date	
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FRIMPTER, JA	HAMMOCK DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRIMPTER, BE	HAMMOCK DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN R. FRIMPTER D 04/12/2007