FILED Mar 19, 2003 8:00 am 8 Secretary of State

03-19-2003 90130 044 ***155.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000055188 **DOCUMENT #**

1. Entity Name

ROYAL VITALITY CORPORATION



LARGO FL 33771 LARGO FL 33771 Suite April #, etc. Check Hirte if Making C-HANGES Suite April #, etc. Check Hirte if Making C-HANGES Suite April #, etc. Check Hirte if Making C-HANGES Lip Country Zip Country Zip S. Certificate of Saleta Desired S8, 75 Additional Price Applicables F. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Settle Address of Pic Box Nameer in Niol Accomptibility ACCOUNTING 8 -TAX HEIP-INC. Stroke Address of Pic Box Nameer in Niol Accomptibility SEMINOLE FL 33777 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, and applications of registered agent, and applications of registered agent. FILE NOWILL FLE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After						COO WE THE	` }					
Suite, Apt. V. etc. C. HECK HERE IF MAKING CHANGES City & State C. HECK HERE IF MAKING CHANGES City & State C. HECK HERE IF MAKING CHANGES Zp	Principal Place of Business 3665 EAST BAY DRIVE #204-221 LARGO FL 33771		3665 EAST BAY DRIVE #204-221				- -					
City & State Ci	2. Principal F	Place of Business	3 . Ma	iling Address								
SP-37/22861 Not Application S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Name ACCOUNTING & TAX HELP INC. ACCOUNTING & TAX HELP INC. Street Address (PO. Box Number is Not Acceptable) Addition Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number address of Not Acceptable) Street Address (PO. Box Number address of Not Acceptable) Address (PO. Box Number address of Not Acceptable) Address (PO. Box Number address of Not Acceptable) Address (PO. Box Number address of No	Suite, Apt	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of chenging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the registered agent, or both, in the State of Florida. I am familiar with, and accept the decipation of registered agent and the registered agent. FILE NOW/III FEE IS \$150,000 After May 1, 2009 Fee will be \$550,00 May Be Added to Fees the state of Florida Department of State Plant File NOW/III FEE IS \$150,000 9. Election Campaign Financing F	City & Sta	te	City & State				4.	4. FEI Number 59-3722861			<u> </u>	
S. Name and Address of Current Registered Agent ACCOUNTING 8-TAX HELP; INC. AG68 PARK BLVD SUITE A SEMINOLE FL 33777 City FL ZP Code 6. 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. If an familiar with, and accept the obligations of registered agent and the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MATE ALEXANDER L PHD ARTZ, ALEX	Zip Country				try	5.	5. Certificate of Status Desired S8.75 Additional			ditional		
ACCOUNTING & TAX HELP; INC. 868 PARK BLVD SUTE A SEMINOLE FL 33777 City FL Zp Code 8. The above named onlify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Popular System Agents SIGNATURE ACCEUTE STATE ADD		6. Name and Address of Current F	l Register	ed Agent	_		7. 1	Name and Address of New Re	aistered /			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Fl			<u> </u>			Name			g.0.0.0u ,	·goin		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Fl	- ACCOUNT	TING & TAX HELP; INC.										
SEMINOLE FL 33777 City FL Zip Code 8. 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. I am familiar with, and accept the colligations of registered agent and step of applicable. SIGNATURE Synthem, spect or princed name of implicable agent and step of applicable. FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANIGES TO OFFICERS AND DIRECTORS IN 11. NAME SIREL ADDRESS TO SHEET ADDRE			ļ s			Street Address (P.O. Box Number is Not Acceptable)						
8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00								· · · · · · · · · · · · · · · · · · ·		-		
B. 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. If am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00	OE 10C	2 1 2 001 1 1										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable.						City			FL	Zip Cod	е	
SIGNATURE FILE NOW!!! FEE IS \$150.00 Provided name of registered agent and till if application. (NOTE Registered Agent signature required when representing) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Added to Fees	8. The above	named entity submits this statement for	the pure	oose of changing its i	registere	nd office or regis	stered an	ent or both in the State of Flori		amiliar with	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10.	the obligat	tions of registered agent.		or or and grid ha	ogiotore	o o moo or regic	norca ag	one, or board, in the state of Fight	ua. Fami	airilliar Willi,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10.	CICALATURE											
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE		o title if app	olicable. (NOTE:	: Registered	Agent signature requ	ired when re	einstating)	DATE			
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.		HE MONTH FEE IS \$450.00				-v-		T		-/-		
II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE MAME STREE ADDRESS CITY-ST-ZIP TITLE MAME MATZ, ALEXANDER L PH.D 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME METRY, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME METRY, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME METRY, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME METRY MILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME MILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME MILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TOTAL TITLE MAME STREET ADDRESS CITY-S	After	r May 1, 2003 Fee will be \$550.00	State						ncing	\$5.0 Added	0 May Be I to Fees	
THE MAME STREET ADDRESS LARGO FL 33771 THE MAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			1							
MATZ, ALEXANDER L PH.D 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TILE METRY, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TILE MANAE STREET ADDRESS CITY-ST-ZIP MULDER, WILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TILE MANAE STREET ADDRESS CITY-ST-ZIP		T-11	HECT		-		AD	DITIONS/CHANGES TO OFFIC	ERS AND			
STREET ADDRESS LARGO FL 33771 STD Delete MILLE MANE STREET ADDRESS CITY-ST-ZIP STD DELETE ADDRESS CITY-ST-ZIP WETTRY, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 STREET ADDRESS CITY-ST-ZIP WD MULDER, WILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP				∟ Delete				·		∐ Change		
CITY-ST-ZIP LARGO FL 33771 STD METRY, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 ITILE MAME MITTHE, JACQUELINE M 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 ITILE MAME MILDER, WILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 ITILE MAME JERET ADDRESS CITY-ST-ZIP ITILE MAME	•											
STD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition METRY, JACQUELINE M 3685 EAST BAY DRIVE #204-221 LARGO FL 33771 Change Addition Addition MULDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 LARGO FL 33771 Change Addition MULDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 LARGO FL 33771 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 LARGO FL 33771 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 LARGO FL 33771 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Addition MILDER, WILLIAM G Ga65 EAST BAY DRIVE #204-221 Change Ga65 EAST BAY DRIVE #204-221 Change Ga65 EAST BAY DRIVE #204-221 Change Ga65 EAST BAY DRIVE #20	CITY-ST-ZIP											
METRY, JACQUELINE M 3685 EAST BAY DRIVE #204-221 LARGO FL 33771 ITLE VD	TITLE											
STREET ADDRESS CITY-ST-ZIP ARGO FL 33771 STREET ADDRESS CITY-ST-ZIP WILLDER, WILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TILE NAME STREET ADDRESS CITY-ST-ZIP				L Detete						☐ Change	L Addition	
CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP MULDER, WILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					1						
MULDER, WILLIAM G STREET ADDRESS STR	CITY-ST-ZIP											
MULDER, WILLIAM G 3665 EAST BAY DRIVE #204-221 LARGO FL 33771 TITLE IAME ITHE IAME IAME ITHE IAME IAME ITHE IAME IAME IAME IAME IAME IAME IAME IAM	TITLE	IID.		Doloto	TITLE			,		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TILE JAME STREET ADDRESS CITY-ST-ZIP TILE JAME STREET ADDRESS CITY-ST-ZIP TILE JAME JAME JAME JAME JAME JAME JAME JAM	NAME		'ee	DUISIS_Q	- 1			المتناهضين المتنفض تبالدان أأراب الم	<u></u>	LT change	☐ MOUNTON	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					I						
NAME STREET ADDRESS CITY-ST-ZIP TILE IAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	LARGO FL 33771										
NAME STREET ADDRESS CITY-ST-ZIP TILE IAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP	NAME									Gridingo		
TITLE IAME IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP	STREET ADDRESS				STREE	T ADDRESS						
NAME STREET ADDRESS	CITY-ST-ZIP										{	
NAME STREET ADDRESS	TITLE			☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP	NAME											
TILE	STREET ADDRESS				STREE	T ADDRESS					ĺ	
AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY-	ST-ZIP						
AMME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE	F-160-2		☐ Delete	TITLE					☐ Channe	Addition	
ITY-ST-ZIP CITY-ST-ZIP	NAME											
ITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS					T ADDRESS						
2. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes. I further certify that the information	CITY-ST-ZIP					ľ						
indicated on this report or supplemental report in true and accounts and that me indicated in deciding the report of supplemental report in true and accounts and that me indicated in deciding the report of supplemental report in true and accounts and that me indicated in deciding the report of supplemental report in true and accounts and that me indicated in deciding the report of supplemental report of supple	I2. I hereby c	ertify that the information supplied with the	nis filina	does not qualify for t	he exem	notion stated in :	Section 1	19.07(3)(i), Florida Statutes, Lfu	rther cert	ify that the in	formation	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.