

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079694

FILED
Mar 24, 2006
Secretary of State

Entity Name: VITARESEARCH CORPORATION

Current Principal Place of Business:

2400 KIRKWOOD AVENUE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2400 KIRKWOOD AVENUE
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCIERE, JOSEPH
2400 KIRKWOOD AVENUE
NAPLES, FL 34112 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARCIERE, JOSEPH SR.
Address: 2400 KIRKWOOD AVENUE
City-St-Zip: NAPLES, FL 34112 US

Title: DVP (X) Delete
Name: ARCIERE, JOSEPH JR.
Address: 2400 KIRKWOOD AVENUE
City-St-Zip: NAPLES, FL 34112 US

Title: D (X) Delete
Name: ARCIERE, JEFFREY
Address: 2400 KIRKWOOD AVENUE
City-St-Zip: NAPLES, FL 34112 US

Title: DT (X) Delete
Name: KREBS, CHERYL
Address: 2400 KIRKWOOD AVENUE
City-St-Zip: NAPLES, FL 34112 US

Title: S () Delete
Name: ARCIERE, ANNMARIE
Address: 2400 KIRKWOOD AVENUE
City-St-Zip: NAPLES, FL 34112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARCIERE, JOSEPH SR.
Address: 2400 KIRKWOOD AVE
City-St-Zip: NAPLES, FL 34112

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
Name:
Address:
City-St-Zip:

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: JOSEPH ARCIERE

P

03/24/2006

Electronic Signature of Signing Officer or Director

Date