

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90344 034 ***150.00

DOCUMENT # P03000082224 1. Entity Name VITALIFE COOKWARE, INC.																																																																							
Principal Place of Business 4129 BENNETT DR MT DORA, FL 32757			Mailing Address 4129 BENNETT DR MT DORA, FL 32757																																																																				
2. Principal Place of Business 4129 UNITED AVENUE Suite, Apt. #, etc.			3. Mailing Address 4129 UNITED AVENUE Suite, Apt. #, etc.																																																																				
City & State MT. DORA FL			City & State MT. DORA FL																																																																				
Zip 32757			Zip 32757																																																																				
Country LAKE			Country LAKE																																																																				
4. FEI Number 01-0793149			Applied For <input type="checkbox"/> Not Applicable																																																																				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																				
6. Name and Address of Current Registered Agent PRUETT, HEATHER 4129 BENNETT DR MT DORA, FL 32757			7. Name and Address of New Registered Agent Name HEATHER PRUETT Street Address (P.O. Box Number is Not Acceptable) 4129 UNITED AVENUE City MT. DORA FL Zip Code 32757																																																																				
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. SIGNATURE: <u><i>Heather Pruett</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/27/04</u>																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>PRUETT, HEATHER</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4129 BENNETT DR</td> <td></td> <td>STREET ADDRESS</td> <td>4129 UNITED AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MT DORA, FL 32757</td> <td></td> <td>CITY-ST-ZIP</td> <td>MT. DORA FL 32757</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D	<input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	PRUETT, HEATHER		NAME			STREET ADDRESS	4129 BENNETT DR		STREET ADDRESS	4129 UNITED AVENUE		CITY-ST-ZIP	MT DORA, FL 32757		CITY-ST-ZIP	MT. DORA FL 32757																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																							
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