2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# P04000071803

Entity Name: VITAL TRUST SOLUTIONS, INC.

Current Principal Place of Business:

7029 PELICAN ISLAND DR.
TAMPA, FL 336347422

New Principal Place of Business:

7029 PELICAN ISLAND DR.
TAMPA, FL 33634

Current Mailing Address:

7029 PELICAN ISLAND DR.
TAMPA, FL 336347422

New Mailing Address:

POB 20727
TAMPA, FL 33623

FEI Number: 01-0813087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROES, CHARLES
7029 PELICAN ISLAND DR.
TAMPA, FL 33634 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: CEO ( ) Delete
Name: BROES, CHARLES
Address: 7029 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 336347422

Title: COB ( ) Delete
Name: BROES, CHARLES
Address: 7029 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 33634

Title: SEC ( ) Delete
Name: BROES, CHARLES
Address: 7029 PELICAN ISLAND DR
City-St-Zip: TAMPA, FL 33634

Title: TRES ( ) Delete
Name: BROES, CHARLES
Address: 7029 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BROES, CHARLES
Address: 7029 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 33634

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 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: CHARLES BROES COB 07/27/2009

Electronic Signature of Signing Officer or Director — Date