2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P04000085131

Entity Name: AQUA VITA, INC.

Current Principal Place of Business:

2957 WSR 434
100
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2957 WSR 434
100
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 13-4282401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOEDE, ARMAND J
2957 WSR 434 SUITE 100
LONGWOOD, FL 32779 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: P ( ) Delete
Name: GOEDE, ARMAND J
Address: 421 BAKER AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S ( ) Delete
Name: ALVAREZ, GASTON R
Address: 421 BAKER AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T ( ) Delete
Name: ODEN, CARL G
Address: 1636 BEAR CROSSING CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete
Name: MATOS, ROBERT
Address: 430 WOOD FORD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D (X) Delete
Name: GOODE, MICHAEL
Address: 170 HARD KNOCKS ROAD
City-St-Zip: UNADILLA, NY 13849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CARL G. ODEN TREA 04/24/2009

Electronic Signature of Signing Officer or Director Date