

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131254

Entity Name: VITALITY ENTERPRISES, INC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

12035 SUMMERSPRING LAKES DRIVE
ORLANDO, FL 32825 US

New Principal Place of Business:

1017 STEVENS AVE
DELAND, FL 32720 US

Current Mailing Address:

12035 SUMMERSPRING LAKES DRIVE
ORLANDO, FL 32825 US

New Mailing Address:

1017 STEVENS AVE
DELAND, FL 32720 US

FEI Number: 20-1635801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAID, LAURIE A
12035 SUMMERSPRING LAKES DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

BRAID, LAURIE A
1017 STEVENS AVE
DELAND, FL 32720 US

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: LAURIE A BRAID

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRAID, LAURIE A
Address: 12035 SUMMERSPRING LAKES DRIVE
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRAID, LAURIE A
Address: 1017 STEVENS AVE
City-St-Zip: DELAND, FL 32720 US

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: LAURIE A BRAID

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date