2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P04000170984

Entity Name: VITALIFE PLUS CORP.

Current Principal Place of Business:

5151 DOVE DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

1733 KEUKA DR.
207
NEW PORT RICHEY, FL 34655

Current Mailing Address:

5151 DOVE DR
NEW PORT RICHEY, FL 34652

New Mailing Address:

P.O. BOX 964
NEW PORT RICHEY, FL 34680

FEI Number: 20-2139459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUGO, ANGEL L
5151 DOVE DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

NUNEZ, GIL A
1733 KEUKA DR
207
NEW PORT RICHEY, FL 34680 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: GIL ALBEL NUNEZ 03/27/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NUNEZ, MIGDA E
Address: P.O. BOX 983
City-St-Zip: PORT RICHEY, FL 34673

Title: VP ( ) Delete
Name: NUNEZ, GIL A
Address: P.O. BOX 983
City-St-Zip: PORT RICHEY, FL 34673

Title: S ( ) Delete
Name: NUNEZ, STEPHANY N
Address: P.O. BOX 983
City-St-Zip: PORT RICHEY, FL 34673

Title: T ( ) Delete
Name: NUNEZ, GIL A
Address: P.O. BOX 983
City-St-Zip: PORT RICHEY, FL 34673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: NUNEZ, GIL ALBEL
Address: P.O. BOX 983
City-St-Zip: PORT RICHEY, FL 34673

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: NUNEZ, GIL ABDIEL
Address: P.O. BOX 983
City-St-Zip: PORT RICHEY, FL 34673

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: MIGDA E. NUNEZ P 03/27/2006
Electronic Signature of Signing Officer or Director Date