

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077062

Entity Name: LA VITA BELLA INC.

FILED  
Mar 15, 2008  
Secretary of State

## Current Principal Place of Business:

508 EAST LAKEVIEW AVENUE  
EUSTIS, FL 32726

## New Principal Place of Business:

1412 COVE PL  
TAVARES, FL 32778 US

## Current Mailing Address:

508 EAST LAKEVIEW AVENUE  
EUSTIS, FL 32726

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASSET ACCOUNTING, INC.  
2507 DUMAS DRIVE  
DELTONA, FL 32738 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: BOONE, MICHAEL D  
Address: 508 EAST LAKEVIEW AVENUE  
City-St-Zip: EUSTIS, FL 32726

Title: VP ( ) Delete  
Name: BOONE, NADIMAH E  
Address: 508 EAST LAKEVIEW AVENUE  
City-St-Zip: EUSTIS, FL 32726

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOONE, MICHAEL D  
Address: 1412 COVE PL  
City-St-Zip: TAVARES, FL 32778 US

Title: VP (X) Change ( ) Addition  
Name: JENSES, AMY L  
Address: 1412 COVE PL  
City-St-Zip: TAVARES, FL 32778 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: MICHAEL D. BOONE

P

03/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date