## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001120

Entity Name: VILTE, INC.

FILED Apr 06, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2620 WILD PINES LANE 429 2125 SCRUB OAK CIR NAPLES, FL 341124739

201

NAPLES, FL 34112

**Current Mailing Address: New Mailing Address:** 

PO BOX 7842 NAPLES, FL 34101

FEI Number: 20-4242291 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZELVIENE, RUTA ZELVIENE, RUTA 2620 WILD PINES LANE 429 2125 SCRÜB OAK CIR NAPLES, FL 341124739 US 201 NAPLES, FL 34112 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: RUTA ZELVIENE 04/06/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

ZELVIENE, RUTA ZELVIENE, RUTA Name: Name:

2620 WILD PINES LANE 429 Address: 2125 SCRUB OAK CIR APT 201 Address:

City-St-Zip: NAPLES, FL 341124739 City-St-Zip: NAPLES, FL 34112

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.

Ρ SIGNATURE: RUTA ZELVIENE 04/06/2008