

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002820

Entity Name: VITALITY SYSTEMS, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

630 BROOKER CREEK BLVD.  
STE. 340  
OLDSMAR, FL 34677

## New Principal Place of Business:

855 DUNBAR AVE  
STE. B  
OLDSMAR, FL 34677

## Current Mailing Address:

630 BROOKER CREEK BLVD.  
STE. 340  
OLDSMAR, FL 34677

## New Mailing Address:

P.O. BOX 818  
OLDSMAR, FL 34677

FEI Number: 20-4067051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTELLANO, NELSON T  
TRENAM KEMKER  
101 E. KENNEDY BOULVDARD, SUITE 2700  
TAMPA, FL 33602 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: CEO ( ) Delete  
Name: WATTERS, STEPHEN M CEO  
Address: 630 BROOKER CREEK BLVD., STE. 340  
City-St-Zip: OLDSMAR, FL 34677 US

Title: PRES ( ) Delete  
Name: NUGENT, BRIAN T PRES  
Address: 630 BROOKER CREEK BLVD., STE. 340  
City-St-Zip: OLDSMAR, FL 34677 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: WATTERS, STEPHEN M CEO  
Address: P.O. BOX 818  
City-St-Zip: OLDSMAR, FL 34677 US

Title: PRES (X) Change ( ) Addition  
Name: NUGENT, BRIAN T PRES  
Address: P.O. BOX 818  
City-St-Zip: OLDSMAR, FL 34677 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: BRIAN T. NUGENT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date