

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007184

FILED
May 20, 2008
Secretary of State

Entity Name: VITAMIN CARD OUTLET, INC.

Current Principal Place of Business:

18501 NW 55TH AVENUE
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

18501 NW 55TH AVENUE
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 33-1162148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, CHARLES
18501 NW 55TH AVENUE
OPA LOCKA, FL 33055 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: PVST () Delete
Name: SCHEFTIC, SHERRIE D
Address: 18 COUNTRY LANE
City-St-Zip: PENFIELD, NY 14526

Title: D () Delete
Name: SCHEFTIC, SHERRIE D
Address: 18 COUNTRY LANE
City-St-Zip: PENFIELD, NY 14526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SHERRIE D SCHEFTIC

PVST

05/20/2008

Electronic Signature of Signing Officer or Director

Date