2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008
Secretary of State

DOCUMENT# P06000088552

Entity Name: VITAL LIFE CORP.

Current Principal Place of Business:

16420 NE. 5TH AVE.
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

16420 NE. 5TH AVE.
MIAMI, FL 33162

New Mailing Address:

FEI Number: 75-3107346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUIROZ, FERNANDO
16420 NE. 5TH AVE.
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

QUIROZ, ALICIA
210 174 STREET # 609
SUNNY ISLES, FL 33160 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: ALICIA QUIROZ 06/16/2008
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: PD ( ) Delete
Name: QUIROZ, FERNANDO
Address: 16420 NE. 5TH AVE.
City-St-Zip: MIAMI, FL 33162

Title: STD ( ) Delete
Name: QUIROZ, GRACIELA A
Address: 16420 NE. 5TH AVE.
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: QUIROZ, ALICIA
Address: 210 174 STREET # 609
City-St-Zip: SUNNY ISLES, FL 33160

Title: STD (X) Change ( ) Addition
Name: QUIROZ, ALICIA
Address: 210 174 STREET # 609
City-St-Zip: SUNNY ISLES, FL 33160

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: ALICIA QUIROZ D 06/16/2008
Electronic Signature of Signing Officer or Director Date