2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122423

Entity Name: VIRTUAL-E-FIT CORP.

City-St-Zip:

TAMPA, FL 33602

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
400 NORTH TAMPA STREET PARK TOWER, SUITE 1100 TAMPA, FL 33602				400 NORTH TAMPA STREET PARK TOWER, SUITE 1100 TAMPA, FL 33602 47			
Current Mailing Address:				New Mailing Address:			
400 NORTH TAMPA STREET PARK TOWER, SUITE 1100 TAMPA, FL 33602				400 NORTH TAMPA STREET PARK TOWER, SUITE 1100 TAMPA, FL 33602 47			
FEI Number:	20-5633278	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
400 NORT PARK TOV	KEVIN C ESQ. H TAMPA STF VER, SUITE 1 _, FL 33602 L	100					
	named entity s of Florida.	submits this statement for the p	urpose o	f changing its register	ed office or registered agent, or both	,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BELANGER, NO 9117 CYPRESS ODESSA, FL 3	S KEEP LANE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CREEGAN, H.	OR PLACE, D101		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	AMBLER, KEVI	Delete N C ESQ. MPA STREET #1100		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: KEVIN C. AMBLER RA 01/03/2007