

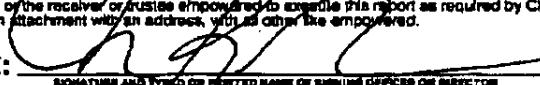
FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90070 046 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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DOCUMENT # P06000129542			
1. Entity Name OPTILIFE VITAMINS, INC.			
Principal Place of Business 28870 US HWY 19 NORTH, STE. 200 CLEARWATER, FL 33761		Mailing Address 28870 US HWY 19 NORTH, STE. 200 CLEARWATER, FL 33761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5701398		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional -- Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BIRNBAUM, ROBBY H. 100 W. CYPRESS CREEK RD., STE. 700 C/O GREENSPOON MARDER, P.A. FT. LAUDERDALE, FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCURIUS, CHERYL 28870 US HWY 19 NORTH, STE. 200 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.			
SIGNATURE: 		4-25-07 (727)6692242	
SIGNATURE AND TYPED OR PRINTED NAME OF SHELING OFFICER OR DIRECTOR		Date	