

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-09-2007 90099 028 ***150.00

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03062007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000137210					
1. Entity Name VIDA GLO, INC.					
Principal Place of Business 3241 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34983			Mailing Address 3241 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34983		
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 14-1981696	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KIEPLER, DOUGLAS J 3227 S.E. PINTO STREET PORT ST. LUCIE, FL 34984				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE _____				Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reappointing)				City	
DATE _____				FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEPLER, DOUGLAS J			NAME	
STREET ADDRESS	3227 S.E. PINTO STREET			STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE, FL 34984			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEPLER, DENISE M			NAME	
STREET ADDRESS	3227 S.E. PINTO STREET			STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE, FL 34984			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: _____		04/25/2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			
		Daytime Phone #			

772-873-0012