2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024682

City-St-Zip:

PALM HARBOR, FL 33563

FILED Apr 08, 2004 Secretary of State

Entity Name: VITALINE, INC. **Current Principal Place of Business: New Principal Place of Business:** 4707 140TH AVENUE NORTH #310 CLEARWATER, FL 33762 **Current Mailing Address: New Mailing Address:** 4707 140TH AVENUE NORTH #310 CLEARWATER, FL 33762 US FEI Number: 59-3367585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWEN, GEORGE E JR OWEN, GEORGE E JR 888 EXECUTIVE CENTER DRIVE WEST #202 100 1ST AVE SOUTH ST. PETERSBURG, FL 33702 US SUITE 800 ST. PETERSBURG, FL 33701 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: 04/08/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition OLSETH, JEFFRY C Name: Name: 4707 140TH AVENUE NORTH #310 Address: Address: City-St-Zip: CLEARWATER, FL 34622 City-St-Zip: Title: VSD Title: () Delete () Change () Addition BARTOLO, CORA L Name: Name: 4707 140TH AVENUE NORTH #310 Address: Address: CLEARWATER, FL 34622 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MURPHY, TERRENCE E Name: Name: 2939 PINEWOOD RUN Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JERRFY C. OLSETH PTD 04/08/2004