

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054193

Entity Name: LA VITA ENTERPRISES INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

209 ABBOTT AVENUE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

209 ABBOTT AVENUE
LEHIGH ACRES, FL 33972

New Mailing Address:

P.O. BOX 574
LEHIGH ACRES, FL 33970

FEI Number: 65-0708246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIER, ADRIEN
209 ABBOTT AVENUE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANIER, ADRIEN
Address: 209 ABBOTT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: V () Delete
Name: LANIER, LA VITA
Address: 209 ABBOTT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LANIER, MAXINE
Address: 209 ABBOTT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

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.

SIGNATURE: ADRIEN LANIER

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date