2005 FOR PROFIT CORPORATION *****

FILED ١M

ANNUAL REPORT				Jan 13, 2005 08:00 A			
 Entity Nan 	MENT # P97000822 . VITAMINS USA, INC.	86			Sec	cretary of Sta	ıte
Principal Place of Business					I KORE UKUK NOBE NUKU UNUK KINODI SI GER	1	
	OO NOT WRITE	CE	01082005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Rep	istered Agent		<u> </u>			
BLATTLEI 3802 EHR STE 201 TAMPA, F				NOT W THIS SF			
	named entity submits this statement for the tions of registered agent	purpose of changing its register	L ed office or register	ed agent, or bo	oth, in the State of Fic	rida. I am familiar with, and acc	ept
SIGNATURE.	Signature, typed or printed name of registered agent and ti	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	ncing \$5.	00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	— ÖFFICERS AND DIR P BLATTLER, EDMUND H 3802 EHRLICH RD, STE 201 TAMPA, FL 33624	ECTORS.					*******
TITLE NAME STREET ADDRESS CITY-ST-ZIP						179706 80029-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description

Date

Description

Date

Description

Date

Description

Desc