09011999-90012-025-$550.00-$550.00

199.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90012 025 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000006270

1. Corporation Name
VITAMUNE, INC.

Principal Place of Business	Mailing Address
~~14046 JENNIFER TERR~~ ~~LARGO FL 33774~~	~~14046 JENNIFER TERR~~ ~~LARGO FL 33774~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1998

2. Principal Place of Business	2a. Mailing Address
21 5517 Van Dyke Rd	26 P.O. Box 270693
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lutz Fl	City & State 28 Tampa Fl
Zip 24 33549 Country 25 USA	Zip 29 33688 Country 30 USA

4. FEI Number: 59-3485292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~LAU, RAYMOND Y~~ ~~14046 JENNIFER TERR~~ ~~LARGO FL 33774~~	81 Name: Allan B. Andreasen 82 Street Address (P.O. Box Number is Not Acceptable): 5517 Van Dyke Rd 83 84 City: Lutz FL 85 Zip Code: 33549

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Allan B Andreasen — 8/28/99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~FISHER, FREDERICK E~~ ~~PO BOX 7690 N/A~~ ~~CLEARWATER FL 33758-7690~~	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LAU, RAYMOND Y~~ ~~14046 JENNIFER TERR~~ ~~LARGO FL 33774~~	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LAU, C. ROBERTA~~ ~~14046 JENNIFER TERR~~ ~~LARGO FL 33774~~	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Allan B. Andreasen 5517 Van Dyke Rd Lutz Fl 33549	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan B Andreasen REQUIRED — 8/28/99 — 813 968-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #