

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90477 015 ***150.00

DOCUMENT # P99000111874

1. Entity Name
LIFIZZ VITAMINS, INC.



Principal Place of Business
**19686 US HWY 1
SUITE 2
TEQUESTA, FL 33469 US**

Mailing Address
**1555 PALM BEACH LAKES BLVD
SUITE 310
WEST PALM BEACH, FL 33401 US**

50017636



2. Principal Place of Business

**731 N. US Hwy one
Suite, Apt. #, etc.
Suite 2**

3. Mailing Address

**731 N. US Hwy one
Suite, Apt. #, etc.
Suite 2**

01132006 Chg-P CR2E034 (11/05)

City & State
Tequesta FL

City & State
Tequesta FL

4. FEI Number
65-0985754

Applied For
Not Applicable

Zip
33469

Country
US

Zip
33469

Country
US

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

6. Name and Address of Current Registered Agent

**HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD
SUITE 310
WEST PALM BEACH, FL 33401**

no new agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE *no new registered agent*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
ROSEN, CHRISTER
19686 US HIGHWAY ONE, STE 2
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PARNEVIK, JESPER
19686 US HIGHWAY ONE, STE 2
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPALDING, LAURA
19686 US HIGHWAY ONE, STE 2
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

466 106 361 746 2125