

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90095 017 ***158.75

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DOCUMENT # P99000111874

1. Entity Name
LIFIZZ VITAMINS, INC.



Principal Place of Business
**1095 JUPITER PARK DRIVE
SUITE 11
WEST PALM BEACH FL 33458
US**

Mailing Address
**C/O DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR., STE. 910
WEST PALM BEACH FL 33401
US**



2. Principal Place of Business
**11505 Fairchild Gardens Ave.
Suite, Apt. #, etc. Suite 204
City & State Palm Beach Gardens, FL**

3. Mailing Address
**3801 PGA Boulevard.
Suite, Apt. #, etc. Suite 508
City & State Palm Beach Gardens, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0985754**

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

6. Name and Address of Current Registered Agent
**DARYL CRAMER & ASSOCIATES, P.A.
515 N FLAGLER DR, SUITE 910
WEST PALM BEACH FL 33401-4325**

7. Name and Address of New Registered Agent
Name **Daryl Cramer & Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard, Suite 508
City **Palm Beach Gardens FL** Zip Code **33410**

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 *[Signature]* **DARYL B. CRAMER** DATE **4/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSEN, CHRISTER 1095 JUPITER PARK DRIVE SUITE 11 JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARNEVIK, JESPER 1095 JUPITER PARK DRIVE SUITE 11 JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLONE, LAURA 1095 JUPITER PARK DRIVE SUITE 11 JUPITER FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Rosen, Christer 11505 Fairchild Gardens Ave., Ste. 204 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Parnevik, Jesper 11505 Fairchild Gardens Ave., Ste 204 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spalding, Laura 11505 Fairchild Gardens Ave., Ste. 204 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **LAURA SPALDING** DATE **4/8/03** DAYTIME PHONE # **561-630-4998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (10/02)