

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90151 039 ***158.75

DOCUMENT # P99000111874					
1. Entity Name LIFIZZ VITAMINS, INC.					
Principal Place of Business 11505 FAIRCHILD GARDENS AVE SUITE 204 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3801 PGA BOULEVARD SUITE 508 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business 19686 US Highway One Suite, Apt. #, etc. Suite 2 City & State Tequesta, FL Zip 33469		3. Mailing Address c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 310 City & State West Palm Beach, FL Zip 33401			
Country USA		Country USA		03142005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0985754				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD, STE 508 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach FL Zip Code 33401		
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: <div style="text-align: right; margin-top: 10px;"> Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner by Daryl B. Cramer, President </div>					
SIGNATURE DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete ROSEN, CHRISTER 19686 US HIGHWAY ONE, STE 2 TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete PARNEVIK, JESPER 19686 US HIGHWAY ONE, STE 2 TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPALDING, LAURA 19686 US HIGHWAY ONE, STE 2 TEQUESTA, FL 33469				
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	<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				
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: Laura Spalding 4/11/05 5617462125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					