

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003698

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VITALIZE CONSULTING SOLUTIONS, INC.

## Current Principal Place of Business:

248 MAIN STREET  
READING, MA 01867

## New Principal Place of Business:

248 MAIN STREET  
SUITE 101  
READING, MA 01867

## Current Mailing Address:

248 MAIN STREET  
READING, MA 01867

## New Mailing Address:

248 MAIN STREET  
SUITE 101  
READING, MA 01867

FEI Number: 46-0477095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: CERULLO, BRUCE A  
Address: 248 MAIN STREET  
City-St-Zip: READING, MA 01867

Title: D ( ) Delete  
Name: FRALICK, MARY P  
Address: 248 MAIN STREET  
City-St-Zip: READING, MA 01867

Title: ST ( ) Delete  
Name: MOUNT, KARLA T  
Address: 248 MAIN STREET  
City-St-Zip: READING, MA 01867

Title: D ( ) Delete  
Name: BLACK, DARREN  
Address: 248 MAIN STREET  
City-St-Zip: READING, MA 01867

Title: D ( ) Delete  
Name: FLYNN, THOMAS J  
Address: 248 MAIN STREET  
City-St-Zip: READING, MA 01867

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SMALING, JOHN  
Address: 248 MAIN STREET  
City-St-Zip: READING, MA 01867

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA T. MOUNT

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date