


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**


DOCUMENT # F02000001583  
 1. Entity Name  
 HITE THREE, INC.



Principal Place of Business  
 P.O. BOX 4  
 TOMS RIVER, NJ 08754

Mailing Address  
 P.O. BOX 4  
 TOMS RIVER, NJ 08754

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3840257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, DAVID ESQ.  
 C/O DAVID PRATT AND ASSOCIATES, P.A.  
 2101 CORPORATE BLVD., STE. 220  
 BOCA RATON, FL 33431

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

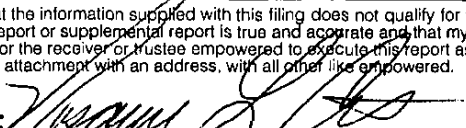
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CITTA, ROSANNE L P.O. BOX 4 TOMS RIVER, NJ 08754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CITTA, JOSEPH A JR PO BOX 4 TOMS RIVER, NJ 08754
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 ROSANNE L. CITTA, PRESIDENT

Date: 2/15/07 Daytime Phone #: 732-349-1600