

2007 FOR PROFIT CORPORATION ANNUAL REPORT

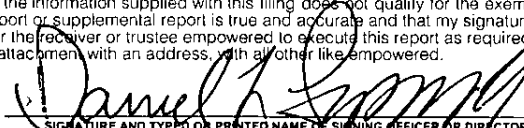
FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90031 014 ***150.00

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02052007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000009323					
1. Entity Name BULLIT INTERNATIONAL, INC.					
Principal Place of Business 10217 HWY 193 WILLISTON, TN 38076-4717			Mailing Address 10217 HWY 193 WILLISTON, TN 38076-4717		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-2196201	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPPY, DAN 2806 GRAPEFRUIT DR AUBURNDAL, FL 33823				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 _____ 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, 2007 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	ST WINGO, RONALD 2806 GRAPEBUT DR AUBURNDAL, FL 33823	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2806 Grapefruit Dr. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPPY, DANIEL L 754 CHANEY DR COLLIERVILLE, TN 38017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 another like empowered.					
SIGNATURE:  DANIEL L LIPPY			2/8/07 901-413-7440 Date Daytime Phone #		