

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009488

FILED
May 01, 2006
Secretary of State

Entity Name: IT INVESTMENTS - ITI, INC.

Current Principal Place of Business:

C/O 2375 E. CAMELBACK ROAD
SUITE 700
PHOENIX, AZ 85016

New Principal Place of Business:

C/O 2375 E. CAMELBACK ROAD, STE 700
ATTN: BENJAMIN AGUILERA
PHOENIX, AZ 85016 US

Current Mailing Address:

C/O 2375 E. CAMELBACK ROAD
SUITE 700
PHOENIX, AZ 85016

New Mailing Address:

C/O 2375 E. CAMELBACK ROAD, STE 700
ATTN: BENJAMIN AGUILERA
PHOENIX, AZ 85016 US

FEI Number: 20-0741265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: BONET, ROGER
Address: C/O 2375 E. CAMELBACK ROAD, SUITE 700
City-St-Zip: PHOENIX, AZ 85016 US

Title: D VP () Delete
Name: BARNOLA, ROBERTO A
Address: C/O 2375 E. CAMELBACK ROAD, SUITE 700
City-St-Zip: PHOENIX, AZ 85016 US

Title: D VP () Delete
Name: FONTECILLA, JAIME
Address: C/O 2375 E. CAMELBACK ROAD, SUITE 700
City-St-Zip: PHOENIX, AZ 85016 US

Title: D VP (X) Delete
Name: VALERO, ELIZABETH
Address: C/O 2375 E. CAMELBACK ROAD, SUITE 700
City-St-Zip: PHOENIX, AZ 85016 US

Title: VP () Delete
Name: HAIR, KRISTINE L
Address: C/O 2375 E. CAMELBACK ROAD, SUITE 700
City-St-Zip: PHOENIX, AZ 85016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: KRISTINE L. HAIR

VP

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date