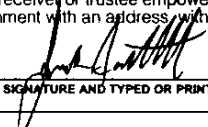


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90180 020 ***150.00

DOCUMENT # P06000035149					
1. Entity Name BITABE CORPORATION					
Principal Place of Business 1486 CANTERBURY DRIVE CLEARWATER, FL 33756-1308			Mailing Address 1486 CANTERBURY DRIVE CLEARWATER, FL 33756-1308		
2. Principal Place of Business - No P.O. Box # 12164 OSPREY AVENUE Suite, Apt. #, etc.		3. Mailing Address 12164 OSPREY AVENUE Suite, Apt. #, etc.			
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL		4. FEI Number 20-4635366	
Zip 34614-3295		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTON, WILLIAM E 1486 CANTERBURY DRIVE CLEARWATER, FL 33756-1308			7. Name and Address of New Registered Agent Name FUTRELL, JACK Street Address (P.O. Box Number is Not Acceptable) 12164 OSPREY AVENUE City BROOKSVILLE FL Zip Code 34614-3295*		
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 _____ (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 ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FUTRELL, TAMARA SUE STREET ADDRESS 12438 MORGAN ROAD CITY-ST-ZIP HUDSON, FL 34669	☒ Delete		TITLE P NAME FUTRELL, JACK STREET ADDRESS 12164 OSPREY AVENUE CITY-ST-ZIP BROOKSVILLE, FL 34614-3295	☐ Change ☒ Addition	
TITLE VP NAME WINTON, WILLIAM E STREET ADDRESS 1486 CANTERBURY DRIVE CITY-ST-ZIP CLEARWATER, FL 337561308	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE ST NAME WINTON, BELINDA D STREET ADDRESS 12164 OSPREY AVENUE CITY-ST-ZIP WEEKI WACHEE, FL 346143295	☐ Delete		TITLE NAME FUTRELL, BELINDA D. 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	
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 all other like empowered.					
SIGNATURE:  Jack Futrell 4-23-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					