

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000054856

FILED
Mar 22, 2008
Secretary of State

Entity Name: GLOBAL INFORMATION TECHNOLOGY, INC.

Current Principal Place of Business:

8913 REGENTS PARK DR.
SUITE 680
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

8913 REGENTS PARK DR.
SUITE 680
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3323942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJJARAPU, JANAKIRAM
9120 ROCKROSE DR.
TAMPA, FL 33647 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: DVST () Delete
Name: AJJARAPU, SURENDRA K
Address: 8604 BUTTON BUSH CT.
City-St-Zip: TAMPA, FL 33647

Title: PCST () Delete
Name: AJJARAPU, JANAKIRAM
Address: 9120 ROCK ROSE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: AJJARAPU, SURENDRA
Address: 8604 BUTTON BUSH CT.
City-St-Zip: TAMPA, FL 33647

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: SURENDRA AJJARAPU

VP

03/22/2008

Electronic Signature of Signing Officer or Director

_____ Date