

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006682

Entity Name: BITRAGE INC.

FILED  
May 10, 2007  
Secretary of State

## Current Principal Place of Business:

6816 SOUTH POINT PKWY  
BLDG 601  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

6816 SOUTH POINT PKWY  
BLDG 601  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3538341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NEWMAN, MICHAEL S  
6816 SOUTH POINT PKWY  
BLDG 601  
JACKSONVILLE, FL 32216 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: PCD ( ) Delete  
Name: DIONNE, JAMES J  
Address: 500 SAND IRON CIRCLE NO. 524  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VSTD ( ) Delete  
Name: NEWMAN, MICHAEL S  
Address: 109 SOUTH BEND DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: DEMETRIOU, E.C.  
Address: YPSILANTOU 30  
City-St-Zip: ATHEN, GR 11521

Title: SD ( ) Delete  
Name: BEATTY, LLOYD S  
Address: 15985 GOSLING LN  
City-St-Zip: ROYAL OAKS, MD 21662

Title: SD ( ) Delete  
Name: BRADY, CHRISTOPHER  
Address: 70 EAST 55TH STREET, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: SD ( ) Delete  
Name: LIPWORTH, BERTRAND  
Address: 65 SLOANE ST.  
City-St-Zip: LONDON SWIX 95 H,

## 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:

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: MICHAEL S NEWMAN

VP

05/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date