2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# 572434

Entity Name: AMIT, INC.

Current Principal Place of Business:

234 EGLINTON AVENUE EAST
SUITE 618
TORONTO ONTARIO, CANADA, - M4P1K5

New Principal Place of Business:

Current Mailing Address:

234 EGLINTON AVENUE EAST
SUITE 618
TORONTO ONTARIO CANADA, - M4P1K5

New Mailing Address:

FEI Number: 59-1822647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, SHAMIRA
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.
100 S.E. 2ND ST. STE. 2900
MIAMI, FL 33131 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: PSD ( ) Delete
Name: KLEIN, HAIM
Address: 234 EGLINTON AVE., EAST, SUITE 618
City-St-Zip: TORONTO, ONTARIO, CANADA, - M4P1K5

Title: V ( ) Delete
Name: KLEIN, SHAMIRA
Address: 5835 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: SEGAL, AMY
Address: 5481 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KLEIN, HAIM
Address: 234 EGLINTON AVE., EAST, SUITE 618
City-St-Zip: TORONTO, ONTARIO, CANADA, - M4P1K5

Title: VP (X) Change ( ) Addition
Name: KLEIN, SHAMIRA
Address: 5835 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS (X) Change ( ) Addition
Name: SEGAL, AMY
Address: 5481 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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: AMY SEGAL VP 09/22/2009

Electronic Signature of Signing Officer or Director — Date