2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 258402

Entity Name: BI-RITE COMPANY, INC.

Current Principal Place of Business:

KIME LEA SLATTON
6608 ADAMO DRIVE
TAMPA, FL 33619 US

New Principal Place of Business:

6608 ADAMO DR
TAMPA, FL 33619 US

Current Mailing Address:

KIME LEA SLATTON
6608 ADAMO DRIVE
TAMPA, FL 33619 US

New Mailing Address:

6608 ADAMO DR
TAMPA, FL 33619 US

FEI Number: 59-0998202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAZZO, JOSEPH F III
6608 ADAMO DR
TAMPA, FL 33619 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: DS ( ) Delete
Name: SLATTON, LOIS
Address: 11201 KNIGHTS GRIFFEN
City-St-Zip: THONOTOSASSA, FL

Title: VD ( ) Delete
Name: SLATTON, KIME L
Address: 11206 LAKE SASSA DRIVE
City-St-Zip: THONOTOSASSA, FL 33592

Title: VT ( ) Delete
Name: BEVILLE, TERRY
Address: 213 KINGS WAY DR
City-St-Zip: TEMPLE TERRACE, FL

Title: VD ( ) Delete
Name: MCCORMICK, KAREN
Address: 2118 MARJORY
City-St-Zip: TAMPA, FL 33606

Title: P ( ) Delete
Name: GAZZO, JOSEPH F III
Address: 2807 OLD BAYSHORE WAY
City-St-Zip: TAMPA, FL 33611

Title: VD ( ) Delete
Name: SLATTON, JAMES W
Address: 6608 ADAMO DR
City-St-Zip: TAMPA, FL 33619

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: MARY ANN HOWARD AP 04/14/2009

Electronic Signature of Signing Officer or Director — Date