## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 477971** 

Name:

Title:

Name:

Address:

City-St-Zip:

Address

City-St-Zip:

HEIL, KAREN L.,

AZLE, TX 76020

BABBITT, ROBERT

6517 MESA RIDGE CT

FORT WORTH, TX 76137

1324 FLYING JIB DR

() Delete

FILED Mar 31, 2008 Secretary of State

Entity Nar	ne: VOLUS	SIA TRANS	BIT MANAGEMENT, IN	IC.				
Current Principal Place of Business:					New Principal Place of Business:			
	REE ROAD BCH, FL 3	21192518						
Current Mailing Address:					New Mailing Address:			
SUITE 307	CANTILE PI							
FEI Number:	59-1602676	FEI Nu	mber Applied For()	FEI Num	ber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current	Registered Agent:		Name and	Address	of New Registered Agent:	
950 BIG TE	KENNETH REE ROAD BEACH, FI		US					
		ty submits	this statement for the p	ourpose of	changing it	s registere	ed office or registered agent, or both,	
SIGNATUR	RE:							
	e named entity submits this statement for the purpose of changing its registered office or registered agent, or be of Florida.					Date		
Election Car	npaign Finan	cing Trust F	und Contribution ( ).					
OFFICERS	S AND DIRI	ECTORS:			ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VD BARTOSIEV 400 PALOVI FT WORTH,		P,		Title: Name: Address: City-St-Zip:	400 PALO\	(X) Change()Addition WICZ, JOHN /ERDE LANE I, TX 76112	
Title: Name: Address: City-St-Zip:	776 OSPRE	() Delete ENNETH R., Y DRIVE NGE, FL 321	19		Title: Name: Address: City-St-Zip:	VD FISCHER, 776 OSPRI PORT ORA		
Title:	ST	( ) Delete			Title <sup>.</sup>	ST	(X) Change ( ) Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

HEIL, KAREN

1324 FLYING JIB DR

() Change () Addition

AZLE, TX 76020

SIGNATURE: KAREN L HEIL S/T 03/31/2008