

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000163

Entity Name: MITY-LITE, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

1301 WEST 400 NORTH
OREM, UT 84057

New Principal Place of Business:

Current Mailing Address:

1301 WEST 400 NORTH
OREM, UT 84057

New Mailing Address:

FEI Number: 87-0448892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 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: P () Delete
Name: HALES, RANDALL
Address: 1301 WEST 400 NORTH
City-St-Zip: OREM, UT 84057

Title: V () Delete
Name: STOKER, KEVIN
Address: 1301 WEST 400 NORTH
City-St-Zip: OREM, UT 84057

Title: S () Delete
Name: KILPACK, PAUL
Address: 1301 WEST 400 NORTH
City-St-Zip: OREM, UT 84057

Title: CD () Delete
Name: WILSON, GREGORY
Address: 1301 WEST 400 NORTH
City-St-Zip: OREM, UT 84057

Title: DD () Delete
Name: CRUMP, RALPH
Address: #28 TRISTED OAK
City-St-Zip: TRUMBULL, CT 06611

Title: D () Delete
Name: ROSS, BRANDON
Address: 1301 W 400 N
City-St-Zip: OREM, UT 84057

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
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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: BRANDON ROSS

D

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date