2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F02000001583

1. Entity Name
HITE THREE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4 TOMS RIVER, NJ 08754	P.O. BOX 4 TOMS RIVER, NJ 08754

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number
22-3840257

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, DAVID ESQ.
C/O DAVID PRATT AND ASSOCIATES, P.A.
2101 CORPORATE BLVD., STE. 220
BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U00000386024
01/18/06-80040-024 150.00
DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CITTA, ROSANNE L
STREET ADDRESS	P.O. BOX 4
CITY-ST-ZIP	TOMS RIVER, NJ 08754
TITLE	S/T
NAME	CITTA, JOSEPH A JR
STREET ADDRESS	PO BOX 4
CITY-ST-ZIP	TOMS RIVER, NJ 08754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   1/5/06   732-349-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #