

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001583

Entity Name: HITE THREE, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

248 WASHINGTON STREET  
TOMS RIVER, NJ 08754

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4  
TOMS RIVER, NJ 08754

## New Mailing Address:

FEI Number: 22-3840257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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 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: CITTA, ROSANNE L  
Address: P.O. BOX 4  
City-St-Zip: TOMS RIVER, NJ 08754

Title: S/T ( ) Delete  
Name: CITTA, JOSEPH A JR  
Address: PO BOX 4  
City-St-Zip: TOMS RIVER, NJ 08754

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSANNE L CITTA

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date