06/08/2004 14:19 4073029238 EIT:INC

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Jun 17, 2004 8:00 am
Secretary of State
06-17-2004 90003 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004595

1. Entity Name
EIT INC.

54057810

06082004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
801 INTERNATIONAL PARKWAY 5TH FLOOR LAKE MARY, FL 32746	P.O. BOX 1538 ODGENSBURG, NY 13668

2. Principal Place of Business	3. Mailing Address
3965 Saint Johns Pkwy	3965 SAINT Johns Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: USA	Zip: 32771 Country: USA

4. FEI Number: 16-1457838 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, PETER
8413 RIVER BRANCH PLACE
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name: LYONS, PETER
Street Address (P.O. Box Number Is Not Acceptable): 1538 WESTOVER LOOP
City: LAKE MARY FL Zip Code: 32746

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] Peter J Lyons 6/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

☐ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP WHITE, C.T. R.R. #4 BROCKVILLE, ONTARIO CANADA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYONS, PETER 8413 RIVER BRANCH PLACE SANFORD, FL 32771	☐ Delete	DIRECTOR LYONS, PETER 1538 WESTOVER LOOP LAKE MARY FL 32746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] June 8 2004 613-342-9652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #