

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004595

Entity Name: EIT INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3965 SAINT JOHN PARKWAY
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

3965 SAINT JOHN PKWY
SANFORD, FL 32771 US

New Mailing Address:

3226 WEST BENDERS LANDING BLVD
SPRING, TX 77386-189 US

FEI Number: 16-1457838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURCI, JOSEPH
7175 NOVA DRIVE
#503
DAVIE, FL 33317 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: DIR () Delete
Name: SHIRLEY, CHARLES R
Address: 3226 WEST BENDERS LANDING BLVD
City-St-Zip: SPRING, TX 77386 US

Title: DIR () Delete
Name: CURCI, JOSEPH
Address: 7175 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317 US

Title: DIR () Delete
Name: HICKEY, EARLE G
Address: 24 FRANCIS STREET
City-St-Zip: DARTMOUTH, NS B3A 3H1 CA

Title: PRES () Delete
Name: LYONS, PETER J
Address: 1538 WESTOVER LOOP
City-St-Zip: LAKE MARY, FL 32746 US

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
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: CHARLES R SHIRLEY

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date