2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# F06000006577

Entity Name: SUMMIT IT SERVICES INC.

Current Principal Place of Business:

45 SOUTH MIAN STREET STE 040
WEST HARTFORD, CT 06107

New Principal Place of Business:

45 SOUTH MAIN STREET STE 040
WEST HARTFORD, CT 06107

Current Mailing Address:

45 SOUTH MIAN STREET STE 040
WEST HARTFORD, CT 06107

New Mailing Address:

45 SOUTH MAIN STREET STE 040
WEST HARTFORD, CT 06107

FEI Number: 06-1477298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: CP ( ) Delete
Name: PATEL, PAUL
Address: 45 SOUTH MIAN STREET STE 040
City-St-Zip: WEST HARTFORD, CT 06107

Title: DS ( ) Delete
Name: PATEL, SMITA
Address: 45 SOUTH MIAN STREET STE 040
City-St-Zip: WEST HARTFORD, CT 06107

Title: DV ( ) Delete
Name: CALMA, CHRISTOPHER
Address: 45 SOUTH MIAN STREET STE 040
City-St-Zip: WEST HARTFORD, CT 06107

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SMITA PATEL DS 01/06/2007

Electronic Signature of Signing Officer or Director — Date