


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000007336

1. Entity Name
BITSA TALENT, INC.



Principal Place of Business
133 ROUTE 304
BARDONIA, NY 10954

Mailing Address
POST OFFICE BOX 07135
FORT MYERS, FL 33919



02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1444727	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUONGO, LAURIE
9130 LINKS DRIVE
FORT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

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 registration.

SIGNATURE: _____ DATE: **03/28/07-80059-006 150.00**

Signature, typed or printed name of officer or director (NOTE: Registration fee is required for all registrations)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

03/28/07-80059-007 8.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUONGO, STEPHEN 9130 LINKS DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LUONGO, LAURIE C 9130 LINKS DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, STEFANI 67 CAYUGA ROAD PUTNAM VALLEY, NY 10579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Laurie Lumgo **3-13-07** **239 931 1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #