

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002483

FILED
Jan 06, 2009
Secretary of State

Entity Name: CORPORATE TRANSIT OF AMERICA, INC.

Current Principal Place of Business:

415 NORTH MCKINLEY AVE STE 850
LITTLE ROCK, AR 72205

New Principal Place of Business:

Current Mailing Address:

6590 SUMMER KNOLL COVE STE 103
BARTLETT, TN 38134

New Mailing Address:

415 NORTH MCKINLEY AVE STE 850
LITTLE ROCK, AR 72205

FEI Number: 71-0715473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, LAWRENCE J ESQ
249 CATALONIA AVE
CORAL GABLES, FL 33134 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: C () Delete
Name: FOSTER, JAMES C
Address: 415 NORTH MCKINLEY AVE STE 850
City-St-Zip: LITTLE ROCK, AR 72205

Title: P () Delete
Name: HILLIARD, MILES E III
Address: 6590 SUMMER KNOLL COVE STE 103
City-St-Zip: BARTLETT, TN 38134

Title: ST () Delete
Name: BROCK, D.KEN
Address: 415 NORTH MCKINLEY AVE STE 850
City-St-Zip: LITTLE ROCK, AR 72205

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 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: SAMANTHA RHOADS

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

Date