

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006682

Entity Name: BITRAGE INC.

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

6816 SOUTH POINT PKWY
BLDG 601
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6816 SOUTH POINT PKWY
BLDG 601
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3538341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWMAN, MICHAEL S
6816 SOUTH POINT PKWY
BLDG 601
JACKSONVILLE, FL 32216 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DIONNE, JAMES J
Address: 500 SAND IRON CIRCLE NO. 524
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VSTD () Delete
Name: NEWMAN, MICHAEL S
Address: 109 SOUTH BEND DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: DEMETRIOU, E.C.
Address: YPSILANTOU 30
City-St-Zip: ATHEN, GR 11521

Title: SD () Delete
Name: BEATTY, LLOYD S
Address: 15985 GOSLING LN
City-St-Zip: ROYAL OAKS, MD 21662

Title: SD () Delete
Name: BRADY, CHRISTOPHER
Address: 70 EAST 55TH STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: SD () Delete
Name: LIPWORTH, BERTRAND
Address: 65 SLOANE ST.
City-St-Zip: LONDON SWIX 95 H,

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:

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: MICHAEL S NEWMAN

VP

05/10/2007

Electronic Signature of Signing Officer or Director

Date