


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90187 026 \*\*\*150.00

<b>DOCUMENT # J50508</b>		
1. Entity Name <b>HITECH SOLUTIONS, INC.</b>		

Principal Place of Business <del>2006 E EDGEWOOD DR</del> <b>LAKELAND, FL 33803-3640 US</b>	Mailing Address <del>2006 E EDGEWOOD DR</del> <del>4315 ORANGEWOOD CIR</del> <b>LAKELAND, FL 33803-3640 US</b>
---	---

40050499



2. Principal Place of Business - No P.O. Box # <b>4672 Cleveland Heights Bv</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03192007 Chg-P CR2E034 (12/06)

City & State <b>Lakeland FL</b>	City & State
Zip <b>33813-2186</b>	Country <b>USA</b>

4. FEI Number <b>59-2755802</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>WING, JOHN H</b> <b>1121 WATERS EDGE DR</b> <b>LAKELAND, FL 33801</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 registered agent.	
SIGNATURE <b>John H Wing, VP</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>John H Wing</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<b>Mar 26, 2007</b> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB HOUGHTALING, SAMUEL V. 2024 JOHN ARTHUR WAY LAKELAND, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WING, JOHN H. 1121 WATERS EDGE DR LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COX, JAMES W. 6416 RUNNING BEAR DR. LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>SCHMIDT, MICHAEL B.</del> <del>2542 MAPLE HILL DRIVE</del> <del>LAKELAND, FL 33843</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>John H Wing</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Mar 26 2007 863.669.1327</b> <small>Date Daytime Phone #</small>
--	--