

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004454

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: BIT-BY-BIT, INC.

## Current Principal Place of Business:

4201 VINKEMULDER ROAD  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

8000 NW 84TH AVENUE  
PARKLAND, FL 33067

## Current Mailing Address:

699 SW 159 TERR  
PEMBROKE PINES, FL 33027

## New Mailing Address:

FEI Number: 03-0468799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

PEGUES, KATHLEEN A  
699 SW 159 TERR  
PEMBROKE PINES, FL 33027      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

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: PHILLIPS, DONNA  
Address: 4201 VINKEMULDER ROAD  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: CVP      ( ) Delete  
Name: GIBSON, JAMES  
Address: 344 NW 101 TERR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D/P      ( ) Delete  
Name: PEGUES, KATHLEEN A  
Address: 699 SW 159 TERR  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D      ( ) Delete  
Name: SUSSER, GARY  
Address: 3294 NW 63 STREET  
City-St-Zip: BOCA RATON, FL 33496

Title: D/S      ( ) Delete  
Name: MARCH, SUSAN M  
Address: 3770 SW 23RD STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: O/D      ( ) Delete  
Name: STITZER, PAM  
Address: 1086 S MILITARY TRAIL  
City-St-Zip: DEERFIELD, FL 33442

## 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN PEGUES

D/P

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date