

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004454

FILED
Jul 05, 2007
Secretary of State

Entity Name: BIT-BY-BIT, INC.

Current Principal Place of Business:

8000 NW 84TH AVENUE
PARKLAND, FL 33067

New Principal Place of Business:

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:

Name and Address of New Registered Agent:

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

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 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: SUSAN MARCH

D/S

07/05/2007

Electronic Signature of Signing Officer or Director

Date