2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N02000004454

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:

515 NE 12 AVE
FT.LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 03-0468799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEGUES, KATHLEEN A
515 NE 12 AVE
FT.LAUDERDALE, FL 33301 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:	C/VP	( ) 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:	515 NE 12 AVE	
City-St-Zip:	FT.LAUDERDALE, FL 33301 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:	DEERFIRLD, 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: KATHLEEN PEGUES PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date