## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007010

Entity Name: ITNORLANDO(TM), INC.

**Current Principal Place of Business:** 

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

() Delete

( ) Delete

HAUCK, MAYOR R

3280 PROGRESS DRIVE

ORLANDO, FL 32826

FILED Jan 08, 2008 Secretary of State

**New Principal Place of Business:** 

	DCOCK ROAD 0, FL 32803	STE 200	SUITE 200	DCOCK ROAI ) ), FL 32803	D		
Current Mailing Address:			New Mailing Address:				
988 WOODCOCK ROAD STE 200 ORLANDO, FL 32803			988 WOODCOCK ROAD SUITE 200 ORLANDO, FL 32803				
FEI Number:	20-5160870	FEI Number Applied For ( ) FEI I	Number Not App	licable ( )	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
SHUFFIELI	WILLIAM R ES D LOWMAN &	WILSON, P.A.					
	ON PLACE STE 9, FL 32801 US						
ORLANDO	named entity s		e of changing i	its registered	office or registered agent, c	or both,	
ORLANDO The above	named entity see of Florida.	3	e of changing i	its registered	office or registered agent, c	or both,	
ORLANDO The above in the State	named entity so of Florida.	3	e of changing i	its registered	office or registered agent, o	or both,	
ORLANDO The above in the State SIGNATUR	named entity so of Florida.	bubmits this statement for the purposes  Signature of Registered Agent					
ORLANDO The above in the State SIGNATUR	named entity sie of Florida.  RE:  Electroni  S AND DIRECT  D ()  BEACH, E. DOUG 988 WOODCOC	Delete GLAS PH.D K ROAD STE 200		IS/CHANGES PRES () CARLIN-ROGI 1505 DELANE	Date  S TO OFFICERS AND DIR  X) Change ( ) Addition ERS, FRAN MS. EY AVENUE		

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

City-St-Zip: City-St-Zip: MAITLAND, FL 32751 Title: Title: () Delete ( ) Change (X) Addition SEYMOUR, THADDEUS MR. Name: Name: 1804 SUMMERFIELD ROAD Address: Address: City-St-Zip: City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Delete Title: D ( ) Change (X) Addition Name: BARLEY, HARRY MR.

Address: Address: 315 E. ROBINSON STREET, SUITE 355

City-St-Zip: City-St-Zip: ORLANDO, FL 32801

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: SCOTT PRITCHETT MR. 01/08/2008

(X) Change ( ) Addition

( ) Change (X) Addition

PRITCHETT, SCOTT MR.

GELLER, PAULETTE MS.

545 BROOKSIDE CIRCLE

5202 RED BUG LAKE ROAD

WINTER SPRINGS, FL 32708