

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098297

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: INFOTECT DESIGN SOLUTIONS, INC.

## Current Principal Place of Business:

8001 MARTIN LUTHER KING  
TAMPA, FL 33619

## New Principal Place of Business:

8001 EAST MARTIN LUTHER KING  
TAMPA, FL 33619

## Current Mailing Address:

P.O. BOX 89157  
TAMPA, FL 33689

## New Mailing Address:

FEI Number: 59-3675550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, STEVEN R  
3506 OSPREY COVE CIR  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

WILLIAMS, STEVEN R  
8001 EAST MARTIN LUTHER KING  
TAMPA, FL 33619 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: STEVEN R WILLIAMS

02/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, STEVEN R  
Address: 3506 OSPREY COVE  
City-St-Zip: RIVERVIEW, FL 33569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, STEVEN R  
Address: 8001 EAST MARTIN LUTHER KING  
City-St-Zip: TAMPA, FL 33619

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

SIGNATURE: STEVEN R WILLIAMS

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date