


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90147 040 \*\*\*158.75

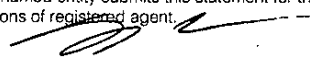
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<b>DOCUMENT # P02000123712</b>			
1. Entity Name BUSINESS INFORMATION TECHNOLOGY SERVICES, INC.			
Principal Place of Business 873 WEST BAY DRIVE #205 LARGO, FL 33770		Mailing Address 873 WEST BAY DRIVE #205 LARGO, FL 33770	
2. Principal Place of Business 3765 EAGLE HAMMOCK DR. Suite, Apt. #, etc.		3. Mailing Address 4025 CATTLEMEN RD. Suite, Apt. #, etc. 147	
City & State Sarasota		City & State Sarasota	
Zip FL	Country 34240	Zip FL	Country 34233
4. FEI Number 61-1418500		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02232005 Chg-P CR2E034 (10/03)	

6. Name and Address of Current Registered Agent LYTHGOE, MARK 1018 19TH ST SW LARGO, FL 33770		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3765 EAGLE HAMMOCK DR City SARASOTA FL Zip Code 34240	
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8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE:  DATE: 2/22/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYTHGOE, MARK 873 WEST BAY DRIVE #205 LARGO, FL 33770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK LYTHGOE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3765 EAGLE HAMMOCK DR SARASOTA FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARVIDSSON, ANNA 1018 19TH ST SW LARGO, FL 33770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNA LYTHGOE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3765 EAGLE HAMMOCK DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2/22/05 DAYTIME PHONE #: 941 870 1140 8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR