2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123712

Entity Name: BUSINESS INFORMATION TECHNOLOGY SERVICES, INC.

FILED Jan 17, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3765 EAGLE HAMMOCK DR SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

 4025 CATTLEMEN RD
 4025 CATTLEMEN RD #147

 SARASOTA, FL 34233
 SARASOTA, FL 34233

FEI Number: 61-1418500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYTHGOE, MARK

3765 EAGLE HAMMOCK RD
SARASOTA, FL 34240 US

LYTHGOE, ANNA
3765 EAGLE HAMMOCK RD
SARASOTA, FL 34240 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: ANNA LYTHGOE 01/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 LYTHGOE, MARK
 Name:

 Address:
 3765 EAGLE HAMMOCK DR
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: ARVIDSSON, ANNA Name: LYTHGOE, ANNA

Address: 3765 EAGLE HAMMOCK DR Address: 3765 EAGLE HAMMOCK DR City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNA LYTHGOE S 01/17/2006