

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022939

Entity Name: AIT NETWORKS, INC

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

21202 OLEAN BLVD., UNIT D1
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2150 TAMIAMI TRAIL, UNIT 12-191
PORT CHARLOTTE, FL 33948

New Mailing Address:

21202 OLEAN BLVD., UNIT D1
PORT CHARLOTTE, FL 33952

FEI Number: 06-1679999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBLANC, KARIN
21202 OLEAN BLVD., UNIT D-1
PORT CHARLOTTE, FL 33952 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONE, RICHARD R
Address: 2150 TAMIAMI TRAIL, UNIT 12 #191
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP () Delete
Name: LEONE, MARISSA G
Address: 21202 OLEAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: LEONE, KRISTA
Address: 21202 OLEAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: RINALDI, AMANDA
Address: 21202 OLEAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEONE, KRISTA L
Address: 21202 OLEAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change () Addition
Name: RINALDI, AMANDA M
Address: 21202 OLEAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD LEONE

P

07/05/2005

Electronic Signature of Signing Officer or Director

Date