

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046822

Entity Name: AIT SYSTEMS, INC.

FILED
Jan 13, 2008
Secretary of State

Current Principal Place of Business:

521 E SILVERTHORN LANE
ST AUGUSTINE, FL 32095

New Principal Place of Business:

521 E SILVERTHORN LANE
PONTE VEDRA, FL 32081

Current Mailing Address:

521 E SILVERTHORN LANE
ST AUGUSTINE, FL 32095

New Mailing Address:

521 E SILVERTHORN LANE
PONTE VEDRA, FL 32081

FEI Number: 38-3679880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, CHARLES E
521 E SILVERTHORN LANE
ST AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

PORTER, CHARLES E
521 E SILVERTHORN LANE
PONTE VEDRA, FL 32081 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: CHARLES PORTER

01/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PORTER, CHARLES
Address: 521 E SILVERTHORN LANE
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PORTER, CHARLES
Address: 521 E SILVERTHORN LANE
City-St-Zip: PONTE VEDRA, FL 32081

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: CHARLES PORTER, PRESIDENT

PRES

01/13/2008

Electronic Signature of Signing Officer or Director

Date