

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066428

Entity Name: SNIPLIT, INC.

FILED
May 06, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 17361
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17361
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-1055994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITT, ADAM M
7801 POINT MEADOWS DRIVE
UNIT 1305
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

LITT, ADAM M
8880 OLD KINGS ROAD SOUTH
UNIT 98
JACKSONVILLE, FL 32257 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: ADAM M. LITT

05/06/2006

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: LITT, ADAM M
Address: 7801 POINT MEADOWS DRIVE, UNIT 1305
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LITT, ADAM M
Address: 8880 OLD KINGS ROAD SOUTH, #98
City-St-Zip: JACKSONVILLE, FL 32257

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: ADAM M. LITT

PRES

05/06/2006

Electronic Signature of Signing Officer or Director

Date