


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90448 006 ***150.00

DOCUMENT # P0400095525

1. Entity Name
HITGURU, INC.



Principal Place of Business Mailing Address

9203 SW 136TH STREET CIRCLE **9203 SW 136TH STREET CIRCLE**
MIAMI, FL 33176 US **MIAMI, FL 33176 US**

40091021

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

5208 Hessel Court **5208 Hessel Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04262007 Chg-P CR2E034 (12/06)

City & State City & State

Rockledge, FL **Rockledge, FL**
 Zip Country Zip Country

32955 **32955**

4. FEI Number Applied For

20-1277286 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATES, ALEXANDER L 9203 SW 136TH STREET CIRCLE MIAMI, FL 33176		Name Street Address (P.O. Box Number is Not Acceptable) 5208 Hessel Court City & State Zip Code Rockledge, FL 32955	

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATES, ALEXANDER L 9203 SW 136TH STREET CIRCLE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5208 Hessel Court Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATES, DEBORAH 9203 SW 136 STREET CIRCLE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5208 Hessel Court Rockledge, FL 32955
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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 exemptions contained 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 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: Debbie Bates Debbie Bates 4/26/07 321-482-5381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #