## FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)				Apr 24, 2006 08:00 AN		
DOCUMENT # P04000099771  1. Entity Name				Secretary	of State	
CEIM B IT INC						
SEW B IT, INC.			<u> </u>			
		E IN THIS S	PACE			
2. Principal Place of Business 13724 CORONADO DR		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State SPRING HILL, FL		City & State		4. FEI Number 38-3704395	Applied For Not Applicable	
Zíp 34609	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addition	
				me and Address of Current Regist		
DO NOT WRITE				BRENDA STEVENS		
			Street Add	ress (P.O. Box Number is Not Accep	otable)	
	NTHISSI		13724 CORO	NADO DK		
			City		Zip Code	
R The shove name	d antifu exhapite this	statement for the number	SPRING HILL	stered office or registered agent, or	34609	
State of Florida. I	am familiar with, and	statement for the purpos d accept the obligations	e or changing its regi- of registered agent.	stered office of registered agent, or i	botn, in the	
SIGNATURE		<del></del>				
Signate January 1	ure, typed or printed name - May 1 Fee is \$150	of registered agent and title if a	pplicable. (NOTE: Regist	tered Agent signature required when reinstating	DATE	
After M	lay 1, Fee is \$550.00 ided UBR is \$61.25	İ	ļ	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS A	AND DIRECTORS	11.			
TITLE NAME	PRESIDENT BRENDA STEVENS		TITLE NAME	05/05/06-80060	-004 150.00	
STREET ADDRESS CITY-ST-ZIP	13724 CORONADO SPRING HILL, FL		STREET ADDRESS	\$		
TITLE	OI HATO THEE, I'L	24009	CITY-ST-ZIP TITLE			
NAME STREET ADDRESS			NAME STREET ADDRESS	S		
CITY-ST-ZIP TITLE	<del> </del>		CITY-ST-ZIP			
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CITY-ST-ZIP TITLE	<del> </del>		CITY-ST-ZIP TITLE			
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TITLE NAME			TITLE NAME			
STREET ADDRESS			STREET ADDRESS	S		
CITY-ST-ZIP  12. I hereby certify that t	the information supplier	d with this filing does not qu	CITY-ST-ZIP ualify for the exemption s	stated in Section 119.07(3)(i), Florida Sta	itutes. I further	
certify that the inforn	mation indicated on this	report or supplemental rep	oort is true and accurate	and that my signature shall have the san see empowered to execute this report as	ne legal effect	
Chapter 607, Florida	Statutes; and that my	name appears in Block 10	or on an attachment with	h an address, with all other like empower	reduired by	
/ <sub>4</sub>	. 0. V	La. 7	Brendak	Ctripono del 3	152 27	
SIGNATURE:	LALLA 1 X	DR PRINTED NAME OF SIC			688-1210	
SIGIVA	ATORE AND THEO O	K PRINTED NAME OF SK	SMING OFFICER OR DI	IRECTOR Date ' Day	ytime Phone #	