


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

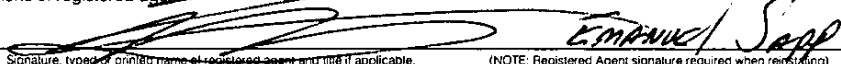
DOCUMENT # P04000148892		
1. Entity Name ITSANU, INC.		

Principal Place of Business P O BOX 1308 QUINCY, FL 32353-1308	Mailing Address P O BOX 1308 QUINCY, FL 32353-1308
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2. Principal Place of Business - No P.O. Box # 821 2nd Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

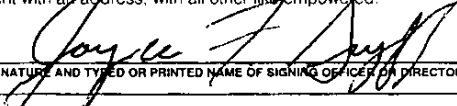
City & State Quincy FL	City & State
Country	Country
Zip 32353	Zip

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAPP, EMANUEL I 821 2ND ST QUINCY, FL 32353		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 10-12-2007 (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAPP, JOYCE 843 NW 64TH ST MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111495052 10/30/07--01033--013 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAPP, ALONZO L 15741 NW 17TH PL OPA-LOCKA, FL 33056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAPP, EMANUEL I 821 2ND ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 10/12/07 Daytime Phone #: 305-751-6541

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 AM 9:03

REINSTATEMENT 01



09112007 Chg-P CR2E034 (12/06)

4. FEI Number  
73-1731010 Applied For  
Not Applicable

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