2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156354

Entity Name: CINCH IT, INC.

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
) AVENUE EAST EDINGTON BEAC	CH, FL 33708	US			
Current Mailing Address:				New Mailing Address:		
) AVENUE EAST EDINGTON BEAC	CH, FL 33708	US			
FEI Number:	20-1888918 F	El Number Applied	d For () FEI Nur	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
980 TYRÓI ST. PETEF	RSBURG, FL 337		ent for the purpose o	f changing its registere	ed office or registered agent or both	
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:						
	Electronic S	Signature of Reg	istered Agent		Date	
Election Can	npaign Financing Tr	ust Fund Contribut	tion ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P,D () Del MASSARO, FRANK 561 173RD AVENU NORTH REDINGTO	E EAST	08 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Del MASSARO, TRUDI 561 173RD AVENU NORTH REDINGTO	P E EAST	08 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D, S () Del BRAND, PATRICIA 194 RAINBOW DRI LIVINGTON STONE	A VE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Del BRAND, STEVEN M 194 RAINBOW DRI LIVINGTON STONE	l VE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK MASSARO PD 01/10/2005