2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P04000165313

Entity Name: KITESINC.COM CORP.

Current Principal Place of Business:

10348 AAROWHEAD DR.
JACKSONVILLE, FL 32257

New Principal Place of Business:

10348 ARROWHEAD DR.
JACKSONVILLE, FL 32257

Current Mailing Address:

10348 AAROWHEAD DR.
JACKSONVILLE, FL 32257

New Mailing Address:

10348 ARROWHEAD DR.
JACKSONVILLE, FL 32257

FEI Number: 51-0531233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, T. ABRAHAM
10348 AAROWHEAD DR.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

ACOSTA, T. ABRAHAM
10348 ARROWHEAD DR.
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: T. ABRAHAM ACOSTA 02/04/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ACOSTA, ABRAHAM T
Address: 10348 ARROWHEAD DR.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: T. ABRAHAM ACOSTA PSD 02/04/2009
Electronic Signature of Signing Officer or Director Date