

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060979

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: POTOMAC INFORMATION TECHNOLOGY CORP.

## Current Principal Place of Business:

3219 STUDENT DR.  
ORLANDO, FL 32826

## New Principal Place of Business:

## Current Mailing Address:

3219 STUDENT DR.  
ORLANDO, FL 32826

## New Mailing Address:

3220 N STREET NW  
#331  
WASHINGTON, DC 20007 US

FEI Number: 20-2944594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYANT, DONALD W  
3219 STUDENT DR.  
ORLANDO, FL 32826 US

## Name and Address of New Registered Agent:

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 Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRYANT, DONALD W  
Address: 3219 STUDENT DR.  
City-St-Zip: ORLANDO, FL 32826

Title: VP ( ) Delete  
Name: KPETIGO, HALE  
Address: 12309 FALLS RD.  
City-St-Zip: POTOMAC, MD 20854

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD BRYANT

D

04/22/2007

Electronic Signature of Signing Officer or Director

Date