

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084248

Entity Name: ITLT SOLUTIONS, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

8998-1 BLOUNT ISLAND BLVD.
JACKSONVILLE, FL 32226 US

Current Mailing Address:

8998-1 BLOUNT ISLAND BLVD.
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

9485 REGENCY SQUARE BOULEVARD
SUITE 460
JACKSONVILLE, FL 32225 US

New Mailing Address:

9485 REGENCY SQUARE BOULEVARD
SUITE 460
JACKSONVILLE, FL 32225 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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: PASD () Delete
Name: SAIN, BERNARD S
Address: 8999-1 BLOUNT ISLAND BLVD.
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VP (X) Delete
Name: SHEA, MICHAEL D
Address: 13735 SAXON LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VPD () Delete
Name: PATCH, GLENN R
Address: 1820 COLUMBIA DRIVE EAST
City-St-Zip: FRESNO, CA 93727 US

Title: VPSD () Delete
Name: LEGLER, MITCHELL W
Address: 300A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PASD (X) Change () Addition
Name: SAIN, BERNARD S
Address: 9485 REGENCY SQUARE BOULEVARD, STE. 460
City-St-Zip: JACKSONVILLE, FL 32225 US

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

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 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: SARAH A. THOMSON

DIR

04/22/2008

Electronic Signature of Signing Officer or Director

Date