# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084248

**Entity Name:** ITLT SOLUTIONS, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 9485 REGENCY SQUARE BOULEVARD<br>SUITE 415<br>JACKSONVILLE, FL  32225    US | 1431 RIVERPLACE BLVD. C/O M LEGLER<br>#910<br>JACKSONVILLE, FL  32207    US |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 9485 REGENCY SQUARE BOULEVARD<br>SUITE 415<br>JACKSONVILLE, FL  32225    US | 1431 RIVERPLACE BLVD. C/O M LEGLER<br>#910<br>JACKSONVILLE, FL  32207    US |

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

**Name and Address of Current Registered Agent:**          **Name and Address of New Registered Agent:**

LEGLER, MITCHELL W
1431 RIVERPLACE BLVD.
SUITE 910
JACKSONVILLE, FL  32207  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: _____

          Electronic Signature of Registered Agent                                        Date

## OFFICERS AND DIRECTORS:

Title:          D
Name:          SAIN, BERNARD S
Address:          1431 RIVERPLACE BLVD., #910
City-St-Zip:          JACKSONVILLE, FL  32207 US

Title:          D
Name:          PATCH, GLENN R
Address:          1431 RIVERPLACE BLVD., #910
City-St-Zip:          JACKSONVILLE, FL  32207 US

Title:          D
Name:          LEGLER, MITCHELL W
Address:          1431 RIVERPLACE BLVD, STE 910
City-St-Zip:          JACKSONVILLE, FL  32207 US

Title:          D
Name:          SAIN, JASON A
Address:          1431 RIVERPLACE BLVD., #910
City-St-Zip:          JACKSONVILLE, FL  32207

Title:          VP
Name:          SWANSON, MITCHELL S
Address:          1431 RIVERPLACE BLVD., #910
City-St-Zip:          JACKSONVILLE, FL  32207

I hereby 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 all other like empowered.

SIGNATURE:  MITCHELL W LEGLER                              D                    04/30/2012

          Electronic Signature of Signing Officer or Director                                        Date