## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000129632

City-St-Zip:

CLERMONT, FL 34711

FILED Jan 04, 2006 Secretary of State

Entity Name: X BITEME CORP.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
692 W. MONTROSE STREET SUITE A CLERMONT, FL 34711					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
692 W. MONTROSE STREET SUITE A CLERMONT, FL 34711					
FEI Number:	04-3832271	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LAWSON, RUSSELL W SR. 692 W. MONTROSE STREET SUITE A CLERMONT, FL 34711 US			692 W. MÖNTROSES SUITE A	LAWSON, SANDRA H 692 W. MONTROSE STREET SUITE A CLERMONT, FL 34711 US	
The above in the State		submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: SANDRA H. LAWSON				01/04/2006	
Electronic Signature of Registered Agent			nt	Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAWSON, RÙS	OSE STREET, SUITE A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LAWSON, SANI	OSE STREET, SUITE A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	LAWSON, SANI	Delete DRA H OSE STREET, SUITE A	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: SANDRA H. LAWSON VΡ 01/04/2006