

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132407

FILED
May 01, 2006
Secretary of State

Entity Name: CONITA, INC.

Current Principal Place of Business:

2929 LAWN AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2929 LAWN AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-3532237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINN, CRAIG
Address: 2929 LAWN AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: LINN, STEPHEN D
Address: 802 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: THOMAS, RUSSELL S
Address: 3108 CHAPIN AVENUE WEST
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LINN, CRAIG
Address: 2929 LAWN AVENUE
City-St-Zip: TAMPA, FL 33611

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

Title: DST (X) Change () Addition
Name: THOMAS, RUSSELL S
Address: 3108 CHAPIN AVENUE WEST
City-St-Zip: TAMPA, FL 33611

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: CRAIG LINN

Electronic Signature of Signing Officer or Director

DP

05/01/2006

Date