


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FL, Department of State (150)
FILED
 Apr 02, 2007 08:00 A
 Secretary of State

DOCUMENT # P05000132407
 1. Entity Name
 CONITA, INC.



Principal Place of Business 2929 LAWN AVENUE TAMPA, FL 33611	Mailing Address 2929 LAWN AVENUE TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3532237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

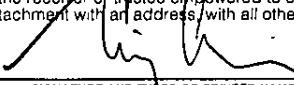
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINN, CRAIG 2929 LAWN AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINN, STEPHEN D 802 GUI SANDO DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMAS, RUSSELL S 3108 CHAPIN AVENUE WEST TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000687527
 04/10/07-80045-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **3/20/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #