2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 23, 2008 8:00 am Secretary of State **DOCUMENT # P05000161285** 1. Entity Name 05-23-2008 90018 044 ***150.00 BIT ENTRPRS, INC Principal Place of Business Mailing Address 8006 NW 108 AVE 8006 NW 108 AVE 40104501 TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4236695 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERMAIN, PIERRE 8006 NW 108 AVE Street Address (P.O. Box Number is Not Acceptable) TAMARAC, FL 33321 City Zip Code 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 SIGNATURE_ Signature, typed or printed name of registered agent and tipe if applicable (NOTE: Recistered Agent signature required when revestating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDT Delete TITLE ☐ Change ■ Addition TITLE GERMAIN, PIERRE NAME MANIF 8006 NW 108 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL. 33321 CITY-ST-ZIP Detete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE Defete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete HITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Change ☐ Addition ☐ Delete BTER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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: 954 696 4037 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED