


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90005 032 \*\*\*150.00

<b>DOCUMENT # P06000000194</b>	
1. Entity Name <b>BUSINESS IT SOLUTIONS OF TAMPA, INC.</b>	

Principal Place of Business <b>4728 NORTH HABANA AVENUE SUITE 303 TAMPA, FL 33614</b>	Mailing Address <b>4728 NORTH HABANA AVENUE SUITE 303 TAMPA, FL 33614</b>
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2. Principal Place of Business - No P.O. Box # <b>5501 W. Gray St.</b>	3. Mailing Address <b>5501 W. Gray St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
Zip <b>33609</b>	Country <b>US</b>

**40078793**



03282007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3979582</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON STREET SUITE 1700 TAMPA, FL 33602</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 the obligations of registered agent.

SIGNATURE **Joe Rugg** DATE **4/17/07**  
Signature, typed or printed name of registered agent and is all applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEITZ, IAN 4728 NORTH HABANA AVENUE SUITE 303 TAMPA, FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO GARI, RODOLFO 4726 N. HABANA AVE. SUITE 204 TAMPA, FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO LOWE, SCOTT 4726 N. HABANA AVE. SUITE 204 TAMPA, FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO DOTLE, MIKE 4726 N. HABANA AVE. SUITE 204 TAMPA, FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5501 W. Gray St. Tampa FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5501 W. Gray St. Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5501 W. Gray St. Tampa FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DOYLE 5501 W. Gray St. Tampa FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Scott Lowe** DATE **4/17/07** DAYTIME PHONE # **813 569-6500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR