

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052346

Entity Name: CAVIT SCIENCES, INC.

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

100 EAST LINTON BLVD.
SUITE 106B
DELRAY BEACH, FL 33483

New Principal Place of Business:

20 NW 181ST STREET
MIAMI, FL 33169

Current Mailing Address:

100 EAST LINTON BLVD.
SUITE 106B
DELRAY BEACH, FL 33483

New Mailing Address:

20 NW 181ST STREET
MIAMI, FL 33169

FEI Number: 03-0586935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, COLM J
100 EAST LINTON BLVD.
SUITE 106B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

KING, COLM J
20 NW 181ST STREET
MIAMI, FL 33169 US

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:

05/06/2008

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: P () Delete
Name: KING, COLM J
Address: 100 EAST LINTON BLVD., SUITE 106B
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BROWN, CHRISTOPHER H
Address: 100 EAST LINTON BLVD., SUITE 106B
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: BAZLEY, RAYMOND S
Address: 100 EAST LINTON BLVD., SUITE 106B
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: DE LEON, JULIO
Address: 100 EAST LINTON BLVD., SUITE 106B
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: JUDKOWITZ, HARVEY
Address: 100 EAST LINTON BLVD., SUITE 106B
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KING, COLM J
Address: 20 N.W. 181ST STREET
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change () Addition
Name: BAZLEY, RAYMOND S
Address: 20 NW 181ST STREET
City-St-Zip: MIAMI, FL 33169

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: COLM J KING

CEO

05/06/2008

Electronic Signature of Signing Officer or Director

Date