

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2007-90023-021-\$550.00-\$550.00

DOCUMENT # P06000151009 1. Entity Name SPECIALIZED HOSTING AND TECHNOLOGY INFORMATION, INC.						FILED 07 SEP 19 PM 12:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 12535 ORANGE DRIVE DAVIE FL 33330				Mailing Address 12535 ORANGE DRIVE DAVIE FL 33330					
2. Principal Place of Business - No P.O. Box # 12535 Orange Dr				3. Mailing Address Same					
Suite, Apt. #, etc. #614				Suite, Apt. #, etc.					
City & State Davie FL				City & State					
Zip 33330		Country USA		Zip		Country			
4. FEI Number 22-3948139				Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WALKER, LISA 12535 ORANGE DRIVE DAVIE FL 33330				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when re-registering) <u>Aug 22, 2007</u> (DATE)									
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to: Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP PC WALKER, LISA 12535 ORANGE DRIVE #614 DAVIE FL 33330 ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP V JAMES, DENNIS 12535 ORANGE DRIVE DAVIE FL 33330 ☒ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP V Robert Kummer 12535 Orange Dr. #614 ☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST MCCARTHY, MICHAEL E 12535 ORANGE DRIVE DAVIE FL 33330 ☒ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP \$79/21 ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>Aug 22, 2007</u> Date				<u>954-636-2181</u> Daytime Phone #	