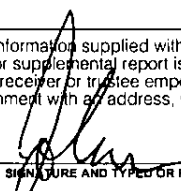


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90020 019 ***150.00

| | | | | | |
|--|---|-----------------------------|---|--|--|
| DOCUMENT # P06000155191 1. Entity Name SITE TECH SOLUTIONS, INC. | | | |  | |
| Principal Place of Business % COMPUKEEPER INC 2298 NW 2ND AVE. STE 20 BOCA RATON, FL 33431 | | | Mailing Address % COMPUKEEPER INC 2298 NW 2ND AVE. STE 20 BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business - No P.O. Box # 3316 NE Sugarhill Ave. | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. Ste 102B | | Suite, Apt. #, etc. | | | |
| City & State Jensen Beach, FL | | City & State | | 4. FEI Number 20-8131543 | |
| Zip 34957 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRACKETT, JOHN % COMPUKEEPER INC 2298 NW 2ND AVE. STE 20 BOCA RATON, FL 33431 | | | | 7. Name and Address of New Registered Agent Name Brackett, John Street Address (P.O. Box Number is Not Acceptable) 131 Cove View City Stuart FL Zip Code 33494 | |
| 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>X</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>X</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D <input type="checkbox"/> Delete BRACKETT, JOHN 131 COVE VIEW STUART, FL 33494 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BRACKETT, MONICA 131 COVE VIEW STUART, FL 33494 | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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: X  | | | J. Brackett, PR | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 3-14-2008 Daytime Phone # 772-225-0909 | | |