

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048007

Entity Name: K.I.T. DISTRIBUTORS, INC.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

14286-19 BEACH BLVD., #129
JACKSONVILLE, FL 32250

New Principal Place of Business:

14286-19 BEACH BLVD.
STE. 129
JACKSONVILLE, FL 322501568

Current Mailing Address:

14286-19 BEACH BLVD., #129
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 65-0729034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOFFEY, THOMAS
14286-19 BEACH BLVD., #129
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

BOFFEY, THOMAS
14286-19 BEACH BLVD.
STE. 129
JACKSONVILLE, FL 322501568 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: THOMAS BOFFEY

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOFFEY, THOMAS
Address: 14286-19 BEACH BLVD., #129
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOFFEY, THOMAS
Address: 14286-19 BEACH BLVD., STE. 129
City-St-Zip: JACKSONVILLE, FL 322501568

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: THOMAS BOFFEY

DP

01/06/2008

Electronic Signature of Signing Officer or Director

Date