

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000103620

Entity Name: IT EXPERTS USA, INC.

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4447 HAVELOCKE DR  
LAND O' LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

4447 HAVELOCKE DR  
LAND O' LAKES, FL 34638

**New Mailing Address:**

FEI Number: 26-1123312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUNWANI, AMEET A  
30632 IVERSON DR  
ZEPHYRHILLS, FL 33543 US

**Name and Address of New Registered Agent:**

PUNWANI, AMEET A  
2240 TWELVE OAKS WAY  
102  
WESLEY CHAPEL, FL 33544 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: AMEET PUNWANI

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHITIMALLA, SARITHA  
Address: 4447 HAVELOCKE DR  
City-St-Zip: LAND O' LAKES, FL 34638

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SARITHA CHITIMALLA

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date