2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P92000007533 1. Entity Name STITCH-IT, INC. Principal Place of Business Mailing Address 1415 N. PARTIN DR. P.O. BOX 354 NICEVILLE, FL 32578 NICEVILLE, FL 32588 02292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3157276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, RICHARD T DO NOT WRITE 1415 N. PARTIN DRIVE NICEVILLE, FL IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΩ TITLE YOUNG, RICHARD T NAME 1415 N. PARTIN DR. STREET ADDRESS CITY - ST - ZIP NICEVILLE, FL TSD TITLE YOUNG, TAMMY S NAME STREET ADDRESS 1415 N. PARTIN DR. CITY-ST-ZIP NICEVILLE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 feedinger 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 of the corporation or the received

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