FROM :

FAX NO. :

Apr. 28 20[illegible] 05:[illegible]M P2

FILED
May 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000036591

1. Entity Name
INFORMATION TECHNOLOGY GROUP, INC.

Principal Place of Business	Mailing Address
3280 OAKMONT TERRACE LONGWOOD, FL 32779 US	3280 OAKMONT TERRACE LONGWOOD, FL 32779 US

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3184869

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, RAMAKANT
3280 OAKMONT TERRACE
LONGWOOD, FL 32779

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing RA

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINGH, RAMAKANT
STREET ADDRESS	3280 OAKMONT TERRACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	SINGH, KALAWATI
STREET ADDRESS	3280 OAKMONT TERRACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	CFO
NAME	SINGH, PRAKASH
STREET ADDRESS	3280 OAKMONT TERRACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 04/30/06 407-804-9252
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number