
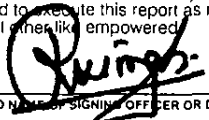


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P93000036591		
1. Entity Name INFORMATION TECHNOLOGY GROUP, INC.		
Principal Place of Business 3280 OAKMONT TERRACE LONGWOOD, FL 32779 US		Mailing Address 3280 OAKMONT TERRACE LONGWOOD, FL 32779 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SINGH, RAMAKANT 3280 OAKMONT TERRACE LONGWOOD, FL 32779		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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		
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		
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: 		Date 3/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407 804 9252



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3184869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

000000861487
04/03/08-80011-008 159.75

**DO NOT WRITE
IN THIS SPACE**