

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072937

Entity Name: THE WIT GROUP, INC.

FILED  
Feb 12, 2009  
Secretary of State

## Current Principal Place of Business:

1198 GULF BREEZE PKWY  
SUITE # 6  
GULF BREEZE, FL 32561 US

## Current Mailing Address:

1198 GULF BREEZE PKWY  
SUITE # 6  
GULF BREEZE, FL 32561 US

## New Principal Place of Business:

1198 GULF BREEZE PKWY  
SUITE # 2  
GULF BREEZE, FL 32561 US

## New Mailing Address:

1198 GULF BREEZE PKWY  
SUITE # 2  
GULF BREEZE, FL 32561 US

FEI Number: 59-3198247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUDSON, BYRON M II  
11 EMORY DR  
PENSACOLA, FL 32506 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PO ( ) Delete  
Name: HUDSON, BYRON M. II  
Address: 11 EMORY DRIVE  
City-St-Zip: PENSACOLA, FL 32506

Title: TD ( ) Delete  
Name: HUDSON, JOHN M  
Address: 9795 N LOOP RD  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: RATCLIFF, ROBERT E  
Address: 1228 REDWOOD LANE  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN M. HUDSON

TD

02/12/2009

Electronic Signature of Signing Officer or Director

Date