2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P95000025837

Entity Name: CHITESTER MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

5100 W. LEMON ST., SUITE 305
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

5100 W. LEMON ST., SUITE 305
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3310448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD
SUITE 3090
TAMPA, FL 33629 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: DST ( ) Delete
Name: CHITESTER, DAVID D
Address: 5017 W. LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: CHITESTER, KATHLEEN M
Address: 5017 W. LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: DP ( ) Delete
Name: CHITESTER, TIMOTHY R
Address: 5017 W. LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: DV ( ) Delete
Name: ALLEN, MICHAEL K
Address: 5017 W. LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: DREESSEN, THOMAS K
Address: 5017 W. LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHITESTER, DAVID D
Address: 5100 W. LEMON ST., SUITE 305
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition
Name: CHITESTER, KATHLEEN M
Address: 5100 W. LEMON ST., SUITE 305
City-St-Zip: TAMPA, FL 33609

Title: DP (X) Change ( ) Addition
Name: CHITESTER, TIMOTHY R
Address: 5100 W. LEMON ST., SUITE 305
City-St-Zip: TAMPA, FL 33609

Title: DVS (X) Change ( ) Addition
Name: ALLEN, MICHAEL K
Address: 216 HADDON AVE, SUITE 609
City-St-Zip: WESTMONT, NJ 08108

Title: D (X) Change ( ) Addition
Name: DREESSEN, THOMAS K
Address: 216 HADDON AVE, SUITE 609
City-St-Zip: WESTMONT, NJ 08108

Title: DT ( ) Change (X) Addition
Name: CHITESTER, MARIAN M
Address: 216 HADDON AVE, SUITE 609
City-St-Zip: WESTMONT, NJ 08108

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: TIMOTHY R CHITESTER PRES 04/10/2008

Electronic Signature of Signing Officer or Director Date