

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057894

Entity Name: EDRITE, INC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 402553  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

925 - 89TH ST.  
SURFSIDE, FL 33154

## Current Mailing Address:

P.O. BOX 402553  
MIAMI BEACH, FL 33140

## New Mailing Address:

FEI Number: 65-0679695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSSIP, BARBARA ANN  
925 89TH ST  
SURFSIDE, FL 33154      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: D      ( ) Delete  
Name: OSSIP, BARBARA A  
Address: 925 89TH ST  
City-St-Zip: SURFSIDE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR.      (X) Change ( ) Addition  
Name: OSSIP, BARBARA A  
Address: 925 89TH ST  
City-St-Zip: SURFSIDE, FL 33154 US

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: BARBARA ANN OSSIP

PRES

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date