


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # P97000053067 1. Entity Name MOBILITY INDEPENDENT TRANSPORTATION SYSTEMS, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 8203 ULMERTON RD LARGO, FL 33771 | Mailing Address 8203 ULMERTON RD LARGO, FL 33771 |
|--|--|

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3452876 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent GALIETTA, PETER J SR. 7862 SAILBOAT KEY BLVD. SO. UNIT #101 S. PASADENA, FL 33707 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

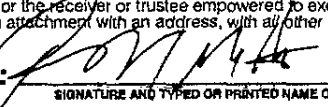
| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALIETTA, PETER J SR. 7862 SAILBOAT KEY BLVD. S. #101 SO. PASADENA, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GALIETTA, JUDITH ANN 7862 SAILBOAT KEY BLVD. S. #101 SO. PASADENA, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000300579
04/12/05-80025-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Peter J Galietta Sr** 4/11/05 727 5241200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #