

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088435

Entity Name: HENDRICK INFORMATION TECHNOLOGY, INC.

FILED  
Mar 20, 2007  
Secretary of State

**Current Principal Place of Business:**

380 S. STATE RD 434  
STE 1004-314  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

380 S. STATE RD 434  
STE 1004-314  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

380 S. STATE RD 434  
STE 1004-314  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3471700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEERABAHU, MALLIKAGE D  
380 S. STATE RD 434  
STE 1004-314  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

HETTIGEI, NADEEKAA S  
380 S. STATE RD 434  
STE 1004-314  
ALTAMONTE SPRINGS, FL 32714 US

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: NADEEKAA S HETTIGEI

03/20/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HETTIGEI, NADEEKAA S  
Address: P.O.BOX 24344  
City-St-Zip: EDINA, MN 55424

Title: D ( ) Delete  
Name: WEERABAHU, MALLIKAGE D  
Address: 1712 PINE BAY DR  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NADEEKAA S HETTIGEI

P

03/20/2007

Electronic Signature of Signing Officer or Director

Date