2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

ANNUAL REPURI				_	,	secretary of St
DOCUMENT # P98000022318 1. Entity Name PIT CORP.						v
Principal Pla 2103 CAPTA JUPITER, FL	ce of Business AINS' WAY . 33477	Mailing Address 2103 CAPTAINS' WAY JUPITER, FL 33477) (11/107)	ATO HATOH HATU ODAN GONY DAV	I Conar hore (1806) hor end) inhert h 1801
DO NOT WRITE IN THIS SPA				03062007 4. FEI Numb 65-08:	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WOLFF, JURGEN 2103 CAPTAINS WAY JUPITER, FL 33477					NOT W	—
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 reinstating) DATE						
	: E NOWIII FEE 18 \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	, , ,	5.00 May Be added to Fees	U0000 03/20/07)0661362 -80038-012 150.00
10. ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS STREET ADDRESS	DPS WOLFF, GITTA ZUR-NIEDEN-WEG 23 42287 WUPPERTAL, GERMANY, D WOLFF, JURGEN ZUR-NIEDEN-WEG 23 42287 WUPPERTAL, GERMANY,	ECTORS		no	NOT W	DITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1 X				NOT WI	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGNATURE AND TYPED OR PRINTED NAME OF MICHON

director

03-07-07 561-743-735

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