


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000073687</b>	
1. Entity Name <b>COUNTER INTELLIGENCE TECHNOLOGIES, INC.</b>	

Principal Place of Business <b>1359 BEVILLE ROAD DAYTONA BEACH, FL 32119</b>	Mailing Address <b>1575 AVIATION CTR. PKWY. #508 DAYTONA BEACH, FL 32114</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3592396</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BAGGERSON, LAUREN K  
1575 AVIATION CTR. PKWY., #508  
DAYTONA BEACH, FL 32114**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000785855 01/17/08-80018-008 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FROMM, ANITA 1036 POCATELLA CT PORT ORANGE, FL 32129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAGGERSON, LAUREN K 1575 AVIATION CTR PKWY #508 DAYTONA BEACH, FL 32114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOLINA, OSVALDO 1359 BEVILLE ROAD DAYTONA BEACH, FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Anita Fromm 1/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #