


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S51686</b> 1. Entity Name <b>MEDIA INNOVATIVE TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>3536 ENTERPRISE RD E. SAFETY HARBOR, FL 34695-5407 US</b>	Mailing Address <b>PO BOX 1226 SAFETY HARBOR, FL 34695-1226</b>
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03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3076862</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAMBON, THOMAS RANDALL 3536 ENTERPRISE RD E. SAFETY HARBOR, FL 34695-5407</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u>THOMAS RANDALL LAMBON</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>T.R. Lambon</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>3/28/07</u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAMBON, THOMAS R 3536 ENTERPRISE RD E. SAFETY HARBOR, FL 346955407
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<p>000000686760 04/10/07-80012-017 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>T.R. Lambon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>THOMAS R. LAMBON, PRESIDENT</u> <small>Date</small>	<u>3/28/07</u> <small>Daytime Phone #</small>