

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090823

FILED  
Mar 06, 2012  
Secretary of State

Entity Name: MAP - IT SOLUTIONS, INC.

**Current Principal Place of Business:**

8510 SOUTH STEPHANIE LANE  
TEMPE, AZ 852045243 US

**New Principal Place of Business:**

**Current Mailing Address:**

8510 SOUTH STEPHANIE LANE  
TEMPE, AZ 852045243 US

**New Mailing Address:**

FEI Number: 20-0173752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLAIR, THOMAS A  
54021 JODI LANE  
NONE  
CALLAHAN, FL 320118569 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: APPACHU, BALLACHANDA  
Address: 8510 SOUTH STEPHANIE LANE  
City-St-Zip: TEMPE, AZ 852845243 US

Title: DS  
Name: BLAIR, THOMAS A  
Address: 54021 JODI LN. @ P O BOX 814  
City-St-Zip: CALLAHAN, FL 320110814 US

Title: NONE  
Name: NONE, NONE  
Address: NONE  
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE  
Name: NONE, NONE  
Address: NONE  
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE  
Name: NONE, NONE  
Address: NONE  
City-St-Zip: CALLAHAN, FL 32011 US

I hereby 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 all other like empowered.

SIGNATURE: APPACHU

PRES

03/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date