

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000090823

**Entity Name:** MAP - IT SOLUTIONS, INC.

**Current Principal Place of Business:**

529 N OXFORD LANE  
CHANDLER, AZ 85225

**Current Mailing Address:**

529 N OXFORD LANE  
CHANDLER, AZ 85225 US

**FEI Number:** 20-0173752

**Certificate of Status Desired:** No

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

BLAIR, THOMAS A  
54021 JODI LANE  
NONE  
CALLAHAN, FL 32011-8569 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name APPACHU, BALLACHANDA  
Address 529 N OXFORD LANE  
City-State-Zip: CHANDLER AZ 85225

Title DS  
Name BLAIR, THOMAS A  
Address 54021 JODI LN. @ P O BOX 814  
City-State-Zip: CALLAHAN FL 32011-0814

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

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

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

*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 BALLACHANDA

**PRESIDENT**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date