

2015 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

DPST

02/21/2015

Electronic Signature of Signing Officer/Director Detail

Date