

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090823

FILED
Jul 18, 2008
Secretary of State

Entity Name: MAP - IT SOLUTIONS, INC.

Current Principal Place of Business:

1326 BLUE EAGLE WAY EAST
449672 US HWY 301
JACKSONVILLE, FL 322250763 US

New Principal Place of Business:

Current Mailing Address:

1326 BLUE EAGLE WAY EAST
NONE
JACKSONVILLE, FL 322250763 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:

RAMYA, RENUAKANANDA
1326 BLUE EAGLE WAY EAST
NONE
JACKSONVILLE, FL 322250763 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: APPACHU, BALLACHANDA
Address: 8510 SOUTH STEPHANIE LANE
City-St-Zip: TEMPE, AZ 852845243 US

Title: DVP () Delete
Name: RAMYA, RENUKANANDA
Address: 1326 BLUE EAGLE WAY EAST
City-St-Zip: JACKSONVILLE, FL 322250763 US

Title: DS () Delete
Name: BLAIR, THOMAS A
Address: 54025 JEANNIE RD. @ P O BOX 1670
City-St-Zip: CALLAHAN, FL 320111670 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: APPACHU K. BALLACHANDRA

DPT

07/18/2008

Electronic Signature of Signing Officer or Director

Date