

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002973

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** NEXGEN COMMUNICATIONS CORPORATION

**Current Principal Place of Business:**

6859 S. EASTERN AVENUE,  
SUITE 102  
HENDERSON, NV 89119

**New Principal Place of Business:**

6859 S. EASTERN AVENUE,  
SUITE 102  
LAS VEGAS, NV 89119

**Current Mailing Address:**

6859 S. EASTERN AVENUE,  
SUITE 102  
HENDERSON, NV 89119

**New Mailing Address:**

6859 S. EASTERN AVENUE,  
SUITE 102  
LAS VEGAS, NV 89119

**FEI Number:** 20-1069405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REMMEL, PATRECE  
451 GOLFVIEW DR.  
NAPLES, FL 34110 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: CDPS  
Name: KNUTSON, O. RICHARD  
Address: 6859 S. EASTERN AVENUE, SUITE 102  
City-St-Zip: LAS VEGAS, NV 89119

Title: VCVF  
Name: CARTWRIGHT, ANGELA  
Address: 6859 S. EASTERN AVENUE, SUITE 102  
City-St-Zip: LAS VEGAS, NV 89119

Title: T  
Name: KNUTSON, O. RICHARD  
Address: 6859 S. EASTERN AVENUE, SUITE 102  
City-St-Zip: LAS VEGAS, NV 89119

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: O. RICHARD KNUTSON

CDPS

04/26/2012

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

\_\_\_\_\_  
Date