

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002248

FILED  
Mar 31, 2012  
Secretary of State

Entity Name: XUREX INC.

**Current Principal Place of Business:**

531 GALLATIN PL NW SUITE A  
ALBUQUERQUE, NM 87121

**New Principal Place of Business:**

3456 E 155TH STREET  
KANSAS CITY, MO 64147

**Current Mailing Address:**

531 GALLATIN PL NW SUITE A  
ALBUQUERQUE, NM 87121

**New Mailing Address:**

PO BOX 481062  
KANSAS CITY, MO 64148

FEI Number: 26-1764952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INCORP SERVICES, INC.  
17888 67TH CT N  
LOXAHATCHEE, FL 33470 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: D/C  
Name: JOHNSTON, JOE  
Address: 1501 N MADISON  
City-St-Zip: RAYMORE, MO 64083

Title: D  
Name: ROSE, DIETMAR W  
Address: 6624 HIGH RIDGE PL NE  
City-St-Zip: ALBUQUERQUE, NM 87111

Title: D  
Name: OLSON, ROB  
Address: 19050 W 161ST STREET  
City-St-Zip: OLATHE, KS 66062

Title: S  
Name: TARWATER, AMY  
Address: 14050 ROBINSON #1903  
City-St-Zip: OVERLAND PARK, KS 66223

Title: PCEO  
Name: COLLINS, JIM  
Address: 6703 WEST 146TH PLACE #40205  
City-St-Zip: OVERLAND PARK, KS 66223

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: JIM COLLINS

PCEO

03/31/2012

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

\_\_\_\_\_  
Date