



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # G17069 1. Entity Name X N & E X REALTY CORP.			
Principal Place of Business 2295 CORPORATE BLVD. N.W. STE. 222 BOCA RATON, FL 33431		Mailing Address 2295 CORPORATE BLVD. N.W. STE. 222 BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE			
		 01182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2219608	Applied For Not Applicable
		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HERRICK, NORTON 2295 CORPORATE BLVD. N.W. STE. 222 BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		04/06/06-80009-002 1587.50	
TITLE	DPST	DO NOT WRITE IN THIS SPACE	
NAME	HERRICK, NORTON		
STREET ADDRESS	2295 CORPORATE BLVD.		
CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	VPAS		
NAME	HERRICK HOWARD		
STREET ADDRESS	2 RIDGEDALE AVE STE 370	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		
TITLE	VPAS		
NAME	HERRICK, MICHAEL		
STREET ADDRESS	2 RIDGEDALE AVE STE 370		
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		
TITLE	C	DO NOT WRITE IN THIS SPACE	
NAME	KERMALLI, NISAR		
STREET ADDRESS	2 RIDGEDALE AVE STE 370		
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		
TITLE	VP		
NAME	HERRICK, EVAN		
STREET ADDRESS	2 RIDGEDALE AVE STE 370	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Nisar Kermalli - Controller</u>		Date: <u>2/27/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	