2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005053

Entity Name: PFXA, INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1075 W LAKESHORE DR CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

FEI Number: 59-3470283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RICHARDSON, DOROTHY 1075 W LAKESHORE DR CLERMONT, FL 34711 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: P (X) Change () Addition
Name: BROOKS, LEAH Name: MCCARTHY, THOMAS P
Address: 2667 TAYLOR CREEK RD. Address: 9227 E LINCOLN AVENUE STE 200
City St Zin: CHRISTMAS EL 32709

City-St-Zip: CHRISTMAS, FL 32709 City-St-Zip: LONE TREE, CO 80124

Title: VP () Delete Title: VST (X) Change () Addition Name: BROOKS, TIM Name: RICHARDSON, DOROTHY

Address: 2667 TAYLOR CREEK RD Address: 1075 W LAKESHORE DR
City-St-Zip: CHRISTMAS, FL 32709 City-St-Zip: CLERMONT, FL 34711

Title: P (X) Delete Title: () Change () Addition

 Name:
 RICHARDSON, DOROTHY G
 Name:

 Address:
 1075 W LAKESHORE DR
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 COLLINS, SUE
 Name:

 Address:
 15111 ARABIAN WAY
 Address:

 City-St-Zip:
 MONTVERDE, FL 34756
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P MCCARTHY P 01/18/2006