


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90282 016 ***150.00

DOCUMENT # P0000000752

1. Entity Name
NEXTECH, INC.



Principal Place of Business
**4940 BELLTHORN DR
 ORLANDO, FL 32837**

Mailing Address
**717 EAST OAK ST.
 KISSIMMEE, FL 34744**

14010925



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**SWART, HARRY J CPA
 717 EAST OAK STREET
 KISSIMMEE, FL 34744**

4. FEI Number
59-3618373

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**


7. Name and Address of New Registered Agent

Name **Michael D. Hamilton**

Street Address (P.O. Box Number is Not Acceptable)
4940 Bellthorn Drive

City **Orlando,** FL Zip Code **32837**

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  DATE **4-26-05**

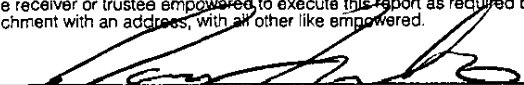
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAMILTON, MICHAEL D 4940 BELLTHORN DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #