2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071434

Entity Name: XGEAR TECHNOLOGIES, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	HIGHLAND DF					
Current Mailing Address:			New Mail	New Mailing Address:		
1506 LAKE HIGHLAND DRIVE ORLANDO, FL 32803						
FEI Number: 59-3663411 FEI Number Applied For () FEI I		FEI Number Not App	plicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
KEGLER, DOUGLAS A 1506 LAKE HIGHLAND DRIVE ORLANDO, FL 32803 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		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CDPV () E KEGLER, DOUGI 1627 E CENTRAI ORLANDO, FL 3	_ BOULEVARD	Title: Name: Address: City-St-Zip:	PSTD (X) Change () Addition KEGLER, DOUGLAS A 1627 E CENTRAL BOULEVARD ORLANDO, FL 32803 US		
Title: Name: Address: City-St-Zip:	ST () E KEGLER, DOUGI 1627 E CENTRAI ORLANDO, FL 3	_ BOULEVARD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KLICK, STEPHEN R 19476 HALWOOD ROAD GLENWOOD, MN 56334 US		
Title: Name: Address: City-St-Zip:	WOODROW, RO 2900 N A1A	Delete BERT J ISLAND, FL 34949 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition EDMONDS, MICHAEL 10204 SHREWSBURY RUN WEST COLLIERVILLE, TN 38017 US		
Title: Name: Address: City-St-Zip:	LARTER, JOE	Delete COTTAGE HAPTON, NORWHICH IR15 1RZ UK	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()E MESZAROS, LAS 51 S WOODSIDE WILLIAMSVILLE,	<u> </u>	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()E FRITZINGER, RO 355 N FOREST F WILLIAMSVILLE,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A KEGLER P 04/24/2006