

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030918

FILED
Jan 11, 2004
Secretary of State

Entity Name: ITNEXTGEN INTERNATIONAL, INC.

Current Principal Place of Business:

13611 HERITAGE WAY
SARASOTA, FL 34240

New Principal Place of Business:

3825 HENDERSON BLVD
SUITE 403
TAMPA, FL 33629 US

Current Mailing Address:

13611 HERITAGE WAY
SARASOTA, FL 34240

New Mailing Address:

594 QUEENS MIRROR CIRCLE
CASSELBERRY, FL 32707 US

FEI Number: 90-0018258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, MICHELE S
13611 HERITAGE WAY
SARASOTA, FL 34240

Name and Address of New Registered Agent:

SINCLAIR MARTIN, M.
594 QUEENS MIRROR CIRCLE
CASSELBERRY, FL 32707 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: M. SINCLAIR MARTIN

01/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, MICHELE S
Address: 13611 HERITAGE WAY
City-St-Zip: SARASOTA, FL 34240

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SINCLAIR, M.
Address: 594 QUEENS MIRROR CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: PVST () Change (X) Addition
Name: SINCLAIR, M.
Address: 594 QUEENS MIRROR CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M. SINCLAIR

D/P

01/11/2004

Electronic Signature of Signing Officer or Director

Date