2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P02000030918

Entity Name: ITNEXTGEN INTERNATIONAL, INC.

Current Principal Place of Business:

3825 HENDERSON BLVD
SUITE 403
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

594 QUEENS MIRROR CIRCLE
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 90-0018258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 MARTIN 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: V ( ) Change (X) Addition
Name: HAMMONS, NORA
Address: POST OFFICE BOX 263
City-St-Zip: ACKERMAN, MS 39735 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 MARTIN D 04/26/2005
Electronic Signature of Signing Officer or Director Date