2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059122

1. Entity Name
XACT RESOURCES INTERNATIONAL INC.

FILED
05 JAN 19 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7040 W PALMETTO PARK RD BOCA RATON, FL 33433	7040 W PALMETTO PARK RD BOCA RATON, FL 33433

01072005 No Chg-P CR2E034 (10/03)

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4. FEI Number
27-0059169

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIHALICH, C.M.
307 BRADFORD RD
TALLAHASSEE, FL 32303

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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
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

TITLE	P
NAME	BARTOLETTA, NEAL J
STREET ADDRESS	7040 W. PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	ST
NAME	MIHALICH, C.M.
STREET ADDRESS	307 BRADFORD RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05--01010--014 **158.75

DO NOT WRITE IN THIS SPACE

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: C.M. Mihalich 1/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #