


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-09-2007 90103 025 ***150.00

DOCUMENT # P06000075160			
1. Entity Name TUXEGO, INC.			
Principal Place of Business 2253 HAMA DRIVE HOLIDAY FL 34691		Mailing Address 2253 HAMA DRIVE HOLIDAY FL 34691	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BLANCHETTE, RENEE C 2253 HAMA DRIVE HOLIDAY FL 34691		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, title or printed name of registered agent and line if applicable. (NOTE: Registered Agent's signature is required when registering.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BLANCHETTE, RENEE C 2253 HAMA DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP	V DAVIES, TREVOR A 2253 HAMA DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST. ZIP	<input 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 exemptions contained in Section 119, 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 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: <i>Renee Blanchette</i> RENEE C. BLANCHETTE		Date: 4-26-07	

5.

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1st MOORE CR2E034 (10/06)

4. FEI Number **20-5564271** Applied For Not Applicable

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