2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138547

Entity Name: NEXONE, INC.

FILED Apr 21, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
SUITE 601					
COCONU	T GROVE, FL	33133			
Current Mailing Address:			New Mailing Address:		
SUITE 601					
COCONU	T GROVE, FL	33133			
FEI Number	: 20-5976099	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE 300	H BISCAYNE I	BOULEVARD			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BACARDI, FAC	DRE DR, SUITE 601	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MELAND, MARI	NE BOULEVARD, #3000	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MARK S. MELAND VΡ 04/21/2009