


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000061503 1. Entity Name 5XL, INC.	
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Principal Place of Business 506 GULF BLVD., APT. 501 INDIAN ROCKS BEACH FL 34635	Mailing Address 3024 25 AVE N. ST. PETERSBURG FL 33713 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3268599
Suite, Apt. #, etc	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent SCHMIEGE, LEONARD 3024 25 AVE. NORTH #1 ST. PETERSBURG FL 33713	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10.	OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete	
NAME	SCHMIEGE, LISA	
STREET ADDRESS	301 11TH AVE NE APT 2	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D <input type="checkbox"/> Delete	
NAME	SCHMIEGE, LEN	
STREET ADDRESS	3024 25TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D <input type="checkbox"/> Delete	
NAME	SCHMIEGE, LORI E	
STREET ADDRESS	3614 E. BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23223	
TITLE	D <input type="checkbox"/> Delete	
NAME	SCHMIEGE, LORRAINE E	
STREET ADDRESS	P.O. BOX 52828 N/A	
CITY-ST-ZIP	ERITHREA, GREECE 14671	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000324221
04/22/05-80085-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Leonard Schmiede **LEONARD SCHMIEGE** 4-20-05 727 321-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #