

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061503

FILED  
Feb 10, 2007  
Secretary of State

Entity Name: 5XL, INC.

**Current Principal Place of Business:**

506 GULF BLVD., APT. 501  
INDIAN ROCKS BEACH, FL 34635

**New Principal Place of Business:**

**Current Mailing Address:**

3024 25 AVE N.  
ST. PETERSBURG, FL 33713 US

**New Mailing Address:**

FEI Number: 59-3268599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHMIEGE, LEONARD  
3024 25 AVE. NORTH  
#1  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHMIEGE, LISA  
Address: 301 11TH AVE NE APT 2  
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete  
Name: SCHMIEGE, LEN  
Address: 3024 25TH AVE N  
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete  
Name: SCHMIEGE, LORI E  
Address: 3614 E. BROAD STREET  
City-St-Zip: RICHMOND, VA 23223

Title: D ( ) Delete  
Name: SCHMIEGE, LORRAINE E  
Address: P.O. BOX 52828 N/A  
City-St-Zip: ERITHREA, GREECE, 14671

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SCHMIEGE, LISA  
Address: 12352 WASATCH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARD SCHMIEGE

D

02/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date