

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 021 ***150.00

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01192005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000009452
 1. Entity Name
NEXTEEN MAGAZINE, INC.



Principal Place of Business
 210 64TH ST
 BRADENTON BEACH, FL 34217

Mailing Address
 PO BOX 1395
 HOLMES BCH, FL 34218

2. Principal Place of Business
 3925 NW 23rd TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
 3925 NW 23rd TERRACE
 Suite, Apt. #, etc.

City & State
 GAINESVILLE, Florida

City & State
 GAINESVILLE, FL

Zip
 32605

Country
 ALABAMA

Zip
 32605

Country
 ALABAMA

4. FEI Number
65-0903582

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BURNES, DOUG
 5506 HOMLES BLVD.
 HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent

Name
Doug Burness

Street Address (P.O. Box Number is Not Acceptable)
 3925 NW 23rd TERRACE

City
 GAINESVILLE, FL

Zip Code
 32605

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: *[Signature]* DATE: *1/17/05*

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 NAME STREET ADDRESS CITY-ST-ZIP	P BURNES, DOUG 210 64TH ST HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROZSA, KATLIN 210 64TH ST HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3925 NW 23rd TERRACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
KATLIN BURNES 3925 NW 23rd TERRACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: *1/17/05* (352) 375-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR