
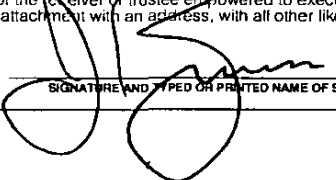


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 009 ***150.00

DOCUMENT # P04000103722 1. Entity Name THE 9TH XCHANGE INC.																																																		
Principal Place of Business 7777 N. WICKHAM ROAD #12-610 MELBOURNE, FL 32940 US			Mailing Address 7777 N. WICKHAM ROAD #12-610 MELBOURNE, FL 32940 US																																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																
City & State Zip		City & State Zip		4. FEI Number 201355904																																														
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																														
6. Name and Address of Current Registered Agent BONACCORSO, JOHN L 7777 N. WICKHAM ROAD #12-610 MELBOURNE, FL 32940			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 _____ (NOTE: Registered Agent signature required when registering) DATE _____																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>BONACCORSO, JOHN L</td> <td>7777 N. WICKHAM ROAD MELBOURNE, FL 32940</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P	BONACCORSO, JOHN L	7777 N. WICKHAM ROAD MELBOURNE, FL 32940		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																														
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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:  JOHN L. BONACCORSO 4-27-05 752-6566 (321)																																																		