

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005836

FILED
Jun 23, 2009
Secretary of State

Entity Name: XL TECHGROUP, INC.

Current Principal Place of Business:

1901 S. HARBOR CITY BLVD. 3RD FLOOR
MELBOURNE, FL 32901

New Principal Place of Business:

1901 S. HARBOR CITY BLVD. 3RD FLOOR
300
MELBOURNE, FL 32901

Current Mailing Address:

1901 S. HARBOR CITY BLVD. 3RD FLOOR
MELBOURNE, FL 32901

New Mailing Address:

1901 S. HARBOR CITY BLVD. 3RD FLOOR
300
MELBOURNE, FL 32901

FEI Number: 20-1885322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHLER, MARK R
1901 HARBOR CITY BLVD STE 300
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

DAVID, SZOSTAK P
1901 HARBOR CITY BLVD STE 300
MELBOURNE, FL 32901 US

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: DAVID SZOSTAK

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VERNON, GEOFFREY N
Address: 1901 S. HARBOR CITY BLVD. 3RD FLOOR
City-St-Zip: MELBOURNE, FL 32901

Title: CEOD () Delete
Name: SCOTT, JOHN S
Address: 1901 S. HARBOR CITY BLVD. 3RD FLOOR
City-St-Zip: MELBOURNE, FL 32901

Title: COOD () Delete
Name: HASKELL, GREGORY W
Address: 1901 S. HARBOR CITY BLVD. 3RD FLOOR
City-St-Zip: MELBOURNE, FL 32901

Title: CFOS () Delete
Name: SZOSTAK, DAVID P
Address: 1901 S. HARBOR CITY BLVD. 3RD FLOOR
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: HEATH, ANDREW J
Address: 1901 S. HARBOR CITY BLVD. 3RD FLOOR
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DAVID SZOSTAK

CFOS

06/23/2009

Electronic Signature of Signing Officer or Director

Date