2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001597

Address:

Title:

Name:

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City-St-Zip:

City-St-Zip:

OAKVILLE ONTARIO CA L6H 58,

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FILED Apr 20, 2004 Secretary of State

Entity Name: IT XCHANGE CORP. **Current Principal Place of Business: New Principal Place of Business:** 1300 HEATHER RIDGE BLVD, UNIT #B DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** 1300 HEATHER RIDGE BLVD, UNIT #B DUNEDIN, FL 34698 FEI Number: 56-2028738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCPHERON, BOB 1300 HEATHER RIDGE BLVD DUNEDIN, FL 34698 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCFARLANE, JEFF MCFARLANE, JEFF PRES Name: Name: 155 PRESTONIA PLACE 155 PRESTONIA PLACE Address: Address: City-St-Zip: MORRISVILLE, NC 27560 City-St-Zip: MORRISVILLE, NC 27560 US SD Title: SD (X) Change () Addition Title: () Delete Name: MCFARLANE, LES Name: MCFARLANE, LES SEC 34 BUGGEY LANE 34 BUGGEY LANE Address: Address: AJAX, ONTARIO L1S 4S7, AJAX, ON L1S 4S7 CA City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MICUDA, MICHELLE MICUDA, MICHELLE COO Name: Name: 2159 WINDING WOODS DR 2159 WINDING WOODS DR

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

OAKVILLE, ON L6H 5T8 CA

SUTHERLAND, GORDON CFO

2715 BRISTOL CIRCLE

OAKVILLE, ON L6H 6X5 CA

() Change (X) Addition

SIGNATURE: JEFF MCFARLANE PD 04/20/2004