

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90001 007 ***550.00

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1. Entity Name
REFLECTXION RESOURCES, INC.



Principal Place of Business
**250 INTERNATIONAL PARKWAY
SUITE 260
LAKE MARY, FL 32746**

Mailing Address
**250 INTERNATIONAL PARKWAY
SUITE 260
LAKE MARY, FL 32746**



05272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0016171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-3636**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DIXON, DARYL A
STREET ADDRESS	2030 ALAQUA LAKES BLVD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PRESIDENT
NAME	BRIAN WYNNE
STREET ADDRESS	7227 Lee Deforest Drive
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	VP-FINANCE
NAME	DAVID FRANCHAK
STREET ADDRESS	7227 Lee Deforest Drive
CITY-ST-ZIP	COLUMBIA MD 21046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/08 40-910-1500