2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# F02000005591

Entity Name: XCHANGE CITY INC.

Current Principal Place of Business:

17050 N BAY RD #1106
SUNNY ISLES, FL 33160

New Principal Place of Business:

633 NE 167TH ST STE 312
STE 312
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

17050 N BAY RD #1106
SUNNY ISLES, FL 33160

New Mailing Address:

633 NE 167TH ST STE 312
STE 312
NORTH MIAMI BEACH, FL 33162

FEI Number: 13-4056190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUL, DARIO
17050 N BAY RD #1106
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

NUL, DARIO
633 NE 167TH ST STE 312
NORTH MIAMI BEACH, FL 33162 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: DARIO NUL 01/03/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDVP ( ) Delete
Name: NUL, DARIO
Address: 17050 N BAY RD #1106
City-St-Zip: SUNNY ISLES, FL 33160

Title: SPT ( ) Delete
Name: NUL, DARIO
Address: 17050 N BAY RD #1106
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDVP (X) Change ( ) Addition
Name: NUL, DARIO
Address: 3340 NE 190TH ST #1209
City-St-Zip: MIAMI, FL 33180

Title: SPT (X) Change ( ) Addition
Name: NUL, DARIO
Address: 3340 NE 190TH ST #1209
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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: DARIO NUL P 01/03/2007
Electronic Signature of Signing Officer or Director Date