2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001500

Entity Name: PROXIX SOLUTIONS, INC.

AUSTIN, TX 78758 US

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
Current Principal Place of Business.			New Fillicipal Flace	or Busiliess.
SERVICE		REAL ESTATE INFORMATION FIRST AMERICAN WAY		
Current Mailing Address:			New Mailing Address:	
SERVICE		REAL ESTATE INFORMATION FIRST AMERICAN WAY		
FEI Number	: 36-4523554	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 012525 US		
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	nt	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WRAY, PAUL 1410 WILLOW) Delete / BROOK DR. R, FL 34683 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CEO (SCOTT, LITTL 11902 BURNE AUSTIN, TX 7	T ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MARCIA, LITTI 2544 SILL WA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	CFOS (JAMES, RINN 11902 BURNE) Delete T ROAD	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: JAMES RINN SECR 04/30/2009