

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001931

FILED
Jan 15, 2008
Secretary of State

Entity Name: XTENSIBLE SOLUTIONS, INC.

Current Principal Place of Business:

762 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

762 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 16-1656978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, GREGORY M
762 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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:

Title: CP () Delete
Name: ROBINSON, GREGORY M
Address: 762 LOGGERHEAD ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DV () Delete
Name: SAXTON, TERRANCE L
Address: 18125 23RD AVENUE NORTH
City-St-Zip: PLYMOUTH, MN 55447

Title: CTO () Delete
Name: ZHOU, MINJIAN
Address: 10218 HEXTON CT.
City-St-Zip: LONE TREE, CO 80124

Title: COO () Delete
Name: MARTIN, DAN
Address: 7600 E. CALEY AVE, APT 223
City-St-Zip: ENGLEWOOD, CO 80111

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:

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: GREGORY M. ROBINSON

CP

01/15/2008

Electronic Signature of Signing Officer or Director

Date