

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003454

FILED  
Feb 09, 2011  
Secretary of State

Entity Name: MYXER INC.

**Current Principal Place of Business:**

245 N OCEAN BLVD  
STE 306  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

245 N OCEAN BLVD  
STE 306  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 04-3815993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KINNEAR, SCOTT G  
Address: 245 N OCEAN BLVD., SUITE 306  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D  
Name: WILLIS, MICHAEL  
Address: 245 N. OCEAN BLVD., SUITE 306  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D  
Name: PIERCE, RICHARD  
Address: 245 N. OCEAN BLVD., SUITE 306  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D  
Name: 1320 MV, LP  
Address: 245 N. OCEAN BLVD., SUITE 306  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

SIGNATURE: SCOTT G. KINNEAR

D

02/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date