

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F06000003351

Entity Name: CX2 TECHNOLOGIES, INC.

**FILED**  
**May 31, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2240 WOOLBRIGHT ROAD  
SUITE 317  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2240 WOOLBRIGHT ROAD  
SUITE 317  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 20-2889663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HITNER, SAM D  
2240 WOOLBRIGHT ROAD  
SUITE 317  
BOYNTON BEACH, FL 33426 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: CPS ( ) Delete  
Name: HITNER, SAM D  
Address: 2240 WOOLBRIGHT ROAD SUITE 317  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CPS (X) Change ( ) Addition  
Name: RISER, ADAM  
Address: 2240 WOOLBRIGHT ROAD SUITE 317  
City-St-Zip: BOYNTON BEACH, FL 33426

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: ADAM RISER

CPS

05/31/2007

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

\_\_\_\_\_  
Date