


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90237 004 \*\*\*\*61.25

<b>DOCUMENT # F06000006292</b>					
<b>1. Entity Name</b> XPLOR INTERNATIONAL CORPORATION					
<b>Principal Place of Business</b> 1900 LAND O LAKES BLVD., SUITE 103 LUTZ, FL 33549			<b>Mailing Address</b> 1900 LAND O LAKES BLVD., SUITE 103 LUTZ, FL 33549		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 45-3881517    95-3881517				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HENK, SKIP 1900 LAND O LAKES BLVD., SUITE 103 LUTZ, FL 33549			Name <u>Harold Henk</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Harold Henk</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>04/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> LESLIE, KEN <b>STREET ADDRESS</b> 3450 W. CENTRAL AVE., SUITE 232 <b>CITY-ST-ZIP</b> TOLEDO, OH 43606	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> CD <b>NAME</b> mark Bonacorso <b>STREET ADDRESS</b> 39714 South Horse Run Drive <b>CITY-ST-ZIP</b> TUCSON, AZ 85739-2308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VCD <b>NAME</b> KELLY, SCOTT <b>STREET ADDRESS</b> 915 BROADWAY, 4TH FLOOR <b>CITY-ST-ZIP</b> NEW YORK, NY 10010	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PCEO <b>NAME</b> HENK, SKIP <b>STREET ADDRESS</b> 1135 FOX CHAPEL DR. <b>CITY-ST-ZIP</b> LUTZ, FL 33549	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Harold Henk <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HENK, SKIP <b>STREET ADDRESS</b> 1135 FOX CHAPEL DR. <b>CITY-ST-ZIP</b> LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VCD <b>NAME</b> Paul Gerelle <b>STREET ADDRESS</b> Vadstrupvej 35 <b>CITY-ST-ZIP</b> DK-2880 BAGSVAD DENMARK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BARBOGLIO, ENRICO <b>STREET ADDRESS</b> VIA ALLESANDRO LITTA, 34 <b>CITY-ST-ZIP</b> 26100 CREMORA, ITALY,	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Paul Abdool <b>STREET ADDRESS</b> 836 Trudeau Drive <b>CITY-ST-ZIP</b> Milton, ON L4T 5T7 CANADA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Harold Henk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/30/08</u>		Daytime Phone # <u>813-948-3171</u>

ATTACHMENT 40091123

Xplor Association Board of Directors 2008 #F06000006292  
Annual Meeting March 2, 2008

**ADDITIONAL OFFICERS & DIRECTORS – 2008 FLORIDA NOT-FOR-PROFIT  
CORPORATION ANNUAL REPORT**

<b><u>SD</u></b> Wilhelmina M. Grant 19 Brookfield Circle Sterling, VA 20164-1133	<b><u>D</u></b> David E. Day Pitney Bowes 13297 Breckenridge Drive Athens, AL 35613
<b><u>D</u></b> Rob Williams Focus Legal Solutions, LLC 222 South 15th St Suite 1003 Omaha, NE 68102	<b><u>D</u></b> James Shand, EDP E-Knows Limited Millstone House Mill Lane Broxbourne Hertfordshire EN10 7AZ GREAT BRITAIN