2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F08000003949

Entity Name: NEXGEN 2007 INC

Current Principal Place of Business:

2533 WINDGUARD CIR.
SUITE 102
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

8905 REGENTS PARK DR
210
TAMPA, FL 33647

Current Mailing Address:

2533 WINDGUARD CIR.
SUITE 102
WESLEY CHAPEL, FL 33544

New Mailing Address:

8905 REGENTS PARK DR
210
TAMPA, FL 33647

FEI Number: 26-1591057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AJJARAPU, RAM
2533 WINDGUARD CIR.
SUITE 102
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

AJJARAPU, RAM
8905 REGENTS PARK DR
210
TAMPA, FL 33647 US

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: RAM AJJARAPU 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: AJJARAPU, RAM
Address: 9120 ROCKROSE DR.
City-St-Zip: TAMPA, FL 33647

Title: P (X) Delete
Name: AJJARAPU, RAM
Address: 9120 ROCKROSE DR.
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: AJJARAPU, ARUNA
Address: 9120 ROCKROSE DR.
City-St-Zip: TAMPA, FL 33647

Title: S (X) Delete
Name: WILKINSON, BRUCE
Address: 4106 STILLWATER TERRACE COVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition
Name: AJJARAPU, RAM
Address: 9120 ROCKROSE DR.
City-St-Zip: TAMPA, FL 33647

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: RAM AJJARAPU P 04/30/2009
Electronic Signature of Signing Officer or Director Date