2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001444

Entity Name: XENTEL INC.

FILED Mar 22, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
	RD AVENUE					
#203 FT. LAUDI	ERDALE, FL	33301				
Current Mailing Address:				New Mailing Address:		
	RD AVENUE					
#203 FT. LAUDI	ERDALE, FL	33301				
FEI Number:	: 65-0896267	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:		Name and Address of	New Registered Agent:	
WAGONER, DONNA 101 NE 3RD AVENUE #203 FT. LAUDERDALE, FL 33301 US				WAGONER, DONNA M 101 NE 3RD AVENUE #203 FT. LAUDERDALE, FL 33301 US		
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing its registered	office or registered agent, or both,	
SIGNATURE: DONNA M. WAGONER					03/22/2007	
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financii	ng Trust Fund Contribution (X).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PLATZ, MICH 101 NE 3RD A			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PIELSTICKER 8000 JANE S) Delete R, PETER Γ., SUITE A401 NTARIO, L4K5B8,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BLOOM, DEB 8000 JANE S) Delete BIE Γ., SUITE A401 NTARIO, L4K5B8,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	WINOGRAD,) Delete DAVID SCONSIN AVE., #314		Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: DAVID WINOGRAD	PRES	03/22/2007
NOTATIONE. DAVID WINGONAD	INLO	03/22/2007

MILWAUKEE, WI 53202

City-St-Zip: