




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G33883 1. Entity Name XINIM CORPORATION			
Principal Place of Business % GEORGE E. POLLIO 1702 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-1736		Mailing Address % GEORGE E. POLLIO 1702 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-1736	
DO NOT WRITE IN THIS SPACE			
			
		02242005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2280609	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLIO, GEORGE E. 346 N 12TH ST FLAGLER BEACH, FL 32136		DO NOT WRITE IN THIS SPACE	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="font-family: monospace; font-size: 1.2em;">U000000262676 03/14/05-80064-017 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	POLLIO, GEORGE E		
STREET ADDRESS	346 N 12TH ST		
CITY-ST-ZIP	FLAGLER BEACH, FL		
TITLE	VPD		
NAME	MINIX JR, WALTER		
STREET ADDRESS	194 LEWIS ST		
CITY-ST-ZIP	EDGEWATER, FL 321410005		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.			
SIGNATURE: 		3-7-05 384-677-7377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	