


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State


DOCUMENT # K19430

1. Entity Name
XIPHOS, INC.



| | |
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| Principal Place of Business 455 DOUGLAS AVE STE. 2155-30 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address 455 DOUGLAS AVE STE. 2155-30 ALTAMONTE SPRINGS, FL 32714 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 59-2893260 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MCKELVEY, MORRIS E.
 455 DOUGLAS AVE.
 STE. 2155-30
 ATLAMONTE SPRINGS, FL 32714

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000913574
 US/08/08-80021-010-158.75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD MCKELVEY, MORRIS E 8515 LAKE VINING CT. APT 4306 ORLANDO, FL 32821 |
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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 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: *Morris E. McKelvey* MORRIS E. MCKELVEY APR. 16, 08 407-616-5309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #