

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90382 018 ***150.00

DOCUMENT # L34094 1. Entity Name NX INC.					
Principal Place of Business 11533 BASKERVILLE RD. JACKSONVILLE, FL 32223 US				Mailing Address PO BOX 600307 JACKSONVILLE, FL 32260-0307 US	
2. Principal Place of Business 1712 HENDRICKS AVE.		3. Mailing Address 1712 HENDRICKS AVE.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04052006 Chg-P CR2E034 (11/05)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-2979526	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEIGNER, NEIL A 41633 BASKERVILLE RD. 1712 HENDRICKS AVE. JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STEIGNER, NEIL A 11533 BASKERVILLE RD. JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STEIGNER, NEIL A. 1712 HENDRICKS AVE. JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 ICG empowered.					
SIGNATURE: NEIL A. STEIGNER 4/7/2006 (904) 396-9245 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					