

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2007
Secretary of State**

DOCUMENT# N00000001982

Entity Name: X-STATIC ENTERPRISES INC.

Current Principal Place of Business:

3497 MELISSA LANE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

3497 MELISSA LANE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSTAND, KORY
3497 MELISSA LANE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSTAND, JON A
Address: 1325 COMMERCE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: KIGER, JOHN
Address: 1325 COMMERCE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: GRIFFIN, MICHAEL
Address: 1325 COMMERCE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: CROSSGROVE, JAMES
Address: 1325 COMMERCE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: LYON, ELLEN
Address: 1325 COMMERCE DR
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON ARTHUR RUSTAND

D

02/06/2007

Electronic Signature of Signing Officer or Director

Date