2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Mar 05, 2004 08:00 AM **DOCUMENT # P00000029328 Secretary of State** 1. Entity Name NEXBIZ, INC. Principal Place of Business Mailing Address 301 N. HWY 27 P.O. BOX 120788 CLERMONT, FL 34711 CLERMONT, FL. 34711 No Chg-P CR2E034 (10/03) 03012004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3641284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent STRINGFELLOW, JAYSON A DO NOT WRITE 1455 W. LAKESHORE DRIVE CLERMONT, FL 34712 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 U00000077065 Trust Fund Contribution. Added to Fees 03/05/04-80027-OFFICERS AND DIRECTORS 10. STRINGFELLOW, JAYSON A NAME 1455 W. LAKESHORE DR. STREET ADDRESS CETY-ST-ZIP CLERMONT, FL 34711 NAME STREET ASORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE RRE MAME STREET ADDRESS CSTY-ST-TSP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 celt; that I am an officer or director of the corporation of the receiver or trissies empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like ampropried.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED