2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Feb 09; 2005 08:00 AM Secretary of State DOCUMENT # P00000029328 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) 01272005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3641284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. 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 partied 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 at SIGNATURI ne of registered agent and title if applicable 9. Election Campaign Financing FILE NOWID FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 200\$/Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE STRINGFELLOW, JAYSON A NAME 1455 W. LAKESHORE DR. STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE 100000221856 NAME UZ/09/05-80049-019 (5n.nn STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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.

352-3946004