2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-718

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Feb 16, 2007 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 Cha-P CR2E034 (11/05) 01122007 DO NOT WRITE IN THIS SPACE Applied For 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 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STRINGFELLOW, JAYSON A NAME STREET ADDRESS 1455 W. LAKESHORE DR. CLERMONT, FL 34711 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000638129 CITY-ST-71P 02/27/07-80017-022 150.00 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS

12. I hereby certify that the information supplied with this filling 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

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED