


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90187 019 ***150.00

DOCUMENT # P0000034792

1. Entity Name
 XO INC.



Principal Place of Business
 15654 S.W. 16 CT.
 PEMBROKE PINES, FL 33027

Mailing Address
 15654 S.W. 16 CT.
 PEMBROKE PINES, FL 33027

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40080958



04202007 Chg-P CR2E034 (12/06)

4. FEI Number
 65-0998295

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNAPP, MICHELLE O
 15654 S.W. 16 CT.
 PEMBROKE PINES, FL 33027

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'BRIANT, GEORGE M	
STREET ADDRESS	15654 S.W. 16 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'BRIANT, XIOMARA	
STREET ADDRESS	15654 S.W. 16 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'BRIANT, MICHELLE S	
STREET ADDRESS	15654 S.W. 16 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'BRIANT, XIOMARA M	
STREET ADDRESS	15654 S.W. 16 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIANT, XIOMARA	
STREET ADDRESS	15654 S.W. 16 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MICHELLE	
STREET ADDRESS	15654 S.W. 16 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered

SIGNATURE: Xiomara M. O'Briant / XIOMARA M. O'BRIANT Date: 4-15-2007 (954) 430-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #