2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107977

Entity Name: CONNEXTIONS, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3600 ECOMMERCE PLACE ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

3600 ECOMMERCE PLACE ORLANDO, FL 32808

FEI Number: 59-3684411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARSHALL, BYRD F JR GRAY, HARRIS & ROBINSON, P.A 301 EÁST PINE STREET., STE 1400

301 EAST PINE STREET., STE 1400 ORLANDO, FL 32801 UŚ ORLANDO, FL 32801 UŚ

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.

MARSHALL, BYRD F JR

GRAY & ROBINSON, P.A.

SIGNATURE: 04/28/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete Title: LEFORT, ROBERT J JR LEFORT, ROBERT J JR Name: Name: 4500 N.E. SPINNAKER POINT RD 3600 ECOMMERCE PLACE Address: Address:

City-St-Zip: STUART, FL 34996 City-St-Zip: ORLANDO, FL 32808

Title: PD (X) Change () Addition Title: () Delete PANEPINTO, ROBERT Name: KOLBEINS, LAURIE G Name: 1110 EDWARDS LANE 3600 ECOMMERCE PLACE Address: Address: ORLANDO, FL 32804 ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition PD KASABOV, PETER KASABOV, PETER Name: Name:

8712 BAY RIDGE BLVD 3600 ECOMMERCE PLACE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32808

Title: () Delete Title: STD (X) Change () Addition HOHNS, WILLIAM A HOHNS, WILLIAM A Name: Name: Address: 398 LAKEPARK TRAIL Address: 3600 ECOMMERCE PLACE

City-St-Zip: City-St-Zip: OVIEDO, FL 32765 ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. HOHNS STD 04/28/2005