2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # P00000112697 EKIM-X INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 1126 SUNFLOWER CIRCLE 1126 SUNFLOWER CIRCLE WESTON, FL 33327 WESTON, FL 33327 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-1076725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTIOLI, MICHAEL DO NOT WRITE 1539 HARRISON STREET WESTON, FL 33327 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, typed or printed name of registered agent and the if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE MATTIOLO, MICHAEL NAME 1539 HARRISON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME 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

12. I hereby certify that the information supplied that 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 restorts 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 of 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 additions, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

ADA

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 8 2005

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