

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042603

Entity Name: EMBEDDED XLENCE, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

SEE MAILING ADDRESS  
NAVARRE, FL 325669998

## New Principal Place of Business:

SEE MAILING ADDRESS  
FORT WALTON BEACH, FL 32549 US

## Current Mailing Address:

P.O. BOX 5971  
NAVARRE, FL 325669998

## New Mailing Address:

P.O. BOX 2303  
FORT WALTON BEACH, FL 32549 US

FEI Number: 65-1100394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICCOLO, DAVID M ESQ.  
1738 45TH STREET  
WEST PALM BEACH, FL 33407 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: KILLINGSWORTH, STEPHEN  
Address: P.O. BOX 5971  
City-St-Zip: NAVARRE, FL 325669998

Title: DVS ( ) Delete  
Name: KILLINGSWORTH, HEIDA  
Address: P.O. BOX 5971  
City-St-Zip: NAVARRE, FL 325669998

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: KILLINGSWORTH, STEPHEN  
Address: P.O. BOX 2303  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: DVS (X) Change ( ) Addition  
Name: KILLINGSWORTH, HEIDA  
Address: P.O. BOX 2303  
City-St-Zip: FORT WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN KILLINGSWORTH

DPT

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date