

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90196 004 \*\*\*150.00

**20044947**

<b>DOCUMENT # P01000044546</b> 1. Entity Name <b>NEXX LEVEL, INC.</b>					
Principal Place of Business <b>3 WINTERGREEN WAY</b> <b>ORLANDO, FL 32825 US</b>			Mailing Address <b>3 WINTERGREEN WAY</b> <b>ORLANDO, FL 32825 US</b>		
2. Principal Place of Business <b>2511 E. Colonial Dr.</b> Suite, Apt. #, etc. <b>#204</b> City & State <b>Orlando, FL.</b> Zip <b>32803</b> Country <b>USA</b>		3. Mailing Address <b>2511 E. Colonial Dr</b> Suite, Apt. #, etc. <b>#204</b> City & State <b>Orlando, FL.</b> Zip <b>32803</b> Country <b>USA</b>			
4. FEI Number <b>59-3761448</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>KELLER, WAYNE N CEO</b> <b>3 WINTERGREEN WAY</b> <b>ORLANDO, FL 32825</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>4/25/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KELLER, WAYNE</b> <b>3 WINTERGREEN WAY</b> <b>ORLANDO, FL 32825</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RENTE, GUILLERMO</b> <b>2716 LINWOOD PLACE</b> <b>ORLANDO, FL 32803</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/06</b> <b>321-303-7442</b> <small>Date Daytime Phone #</small>		