

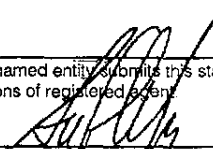
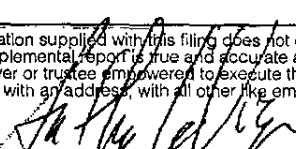


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000048049																																										
1. Entity Name XENO MECHANICS INC.																																										
Principal Place of Business 4496 NW BOCA RATON BLVD BOCA RATON, FL 33431		Mailing Address 4496 NW BOCA RATON BLVD BOCA RATON, FL 33431																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent LAVIGNE, ANTHONY E 4496 NW BOCA RATON BOCA RATON, FL 33431		 04192005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 73-1637725</td><td>Applied For Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input type="checkbox"/></td><td>\$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 73-1637725	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required																																				
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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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		DO NOT WRITE IN THIS SPACE 4/19/05 DATE																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>LAVIGNE, ANTHONY E</td></tr><tr><td>STREET ADDRESS</td><td>4496 NW 2ND AVE.</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33431</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	P	NAME	LAVIGNE, ANTHONY E	STREET ADDRESS	4496 NW 2ND AVE.	CITY-ST-ZIP	BOCA RATON, FL 33431	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 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:  DO NOT WRITE IN THIS SPACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/05 561-750 9288 Date Daytime Phone #																																										