

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085036

Entity Name: EPIX XVII, INC.

FILED  
Jul 05, 2006  
Secretary of State

## Current Principal Place of Business:

3615 MADARA LANE  
TAMPA, FL 33618

## New Principal Place of Business:

3615 MADACA LANE  
TAMPA, FL 33618

## Current Mailing Address:

980 POST ROAD EAST  
SUITE 3  
WESTPORT, CT 06880

## New Mailing Address:

3615 MADACA LANE  
TAMPA, FL 33618

FEI Number: 59-3746471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEPHERDSON, EDWIN  
3615 MADARA LANE  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

SHEPHERDSON, EDWIN  
3615 MADACA LANE  
TAMPA, FL 33618 US

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:

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VGCD ( ) Delete  
Name: TROISE, ALEX  
Address: 980 POST ROND GAST, STE 3  
City-St-Zip: WESTPORT, CT 06880

Title: VPTD ( ) Delete  
Name: SHEPHERDSON, EDWIN  
Address: 3615 MADARA LANE  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/S (X) Change ( ) Addition  
Name: TROISE, ALEX  
Address: 980 POST ROAD, STE 3  
City-St-Zip: WESTPORT, CT 06880

Title: V/T (X) Change ( ) Addition  
Name: SHEPHERDSON, EDWIN  
Address: 3615 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: P/D ( ) Change (X) Addition  
Name: NELSON, GARRY  
Address: 207 COMMERCIAL AVENUE  
City-St-Zip: PITTSBURGH, PA 15215

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEX TROISE

V/S

07/05/2006

Electronic Signature of Signing Officer or Director

Date