2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# P01000091445

Entity Name: ITNEXTGEN, INC.

Current Principal Place of Business:

3825 HENDERSON BLVD
SUITE 207
TAMPA, FL 33629

New Principal Place of Business:

3825 HENDERSON BLVD
SUITE 403
TAMPA, FL 33629

Current Mailing Address:

13611 HERITAGE WAY
SARASOTA, FL 34240

New Mailing Address:

594 QUEENS MIRROR CIRCLE
CASSELBERRY, FL 32707 US

FEI Number: 91-2157743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, M. SINCLAIR
13611 HERITAGE WAY
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SINCLAIR MARTIN, M.
594 QUEENS MIRROR CIRCLE
CASSELBERRY, FL 32707 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: M. SINCLAIR MARTIN 01/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: MARTIN, M. SINCLAIR
Address: 13611 HERITAGE WAY
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: MARTIN, M. SINCLAIR
Address: 13611 HERITAGE WAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SINCLAIR MARTIN, M.
Address: 594 QUEENS MIRROR CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Change ( ) Addition
Name: SINCLAIR MARTIN, M.
Address: 594 QUEENS MIRROR CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M. SINCLAIR MARTIN D/P 01/11/2004
Electronic Signature of Signing Officer or Director Date