

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024019

Entity Name: CXA, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

827 OAK SHADOWS RD
CELEBRATION, FL 34747

New Principal Place of Business:

250 S. ORANGE AVE STE 190P
ORLANDO, FL 32801

Current Mailing Address:

827 OAK SHADOWS RD
CELEBRATION, FL 34747

New Mailing Address:

250 S. ORANGE AVE STE 190P
ORLANDO, FL 32801

FEI Number: 02-0554396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK RUTECKI & ASSOCIATES, P.A.
215 CELEBRATION PLACE., SUITE 500
CELEBRATION, FL 34747 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: P () Delete
Name: CHILDRESS, ROBERT
Address: 827 OAK SHADOWS RD
City-St-Zip: CELEBRATION, FL 34747

Title: SC () Delete
Name: BENSON, TEDDY
Address: 827 OAK SHADOWS RD
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: HOFFMAN, ADAM
Address: 827 OAK SHADOWS RD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOFFMAN, KIMBERLY
Address: 215 LONGVIEW AVE #304
City-St-Zip: CELEBRATION, FL 34747

Title: CEO (X) Change () Addition
Name: HOFFMAN, ADAM
Address: 215 LONGVIEW AVE #304
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY HOFFMAN

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date