


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000088595</b> 1. Entity Name <b>MAXCESS INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>ONE PARK PLACE SUITE #240 BOCA RATON, FL 33487</b>	Mailing Address <b>ONE PARK PLACE SUITE #240 BOCA RATON, FL 33487</b>
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

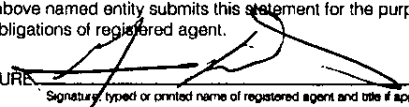
4. FEI Number <b>68-0515694</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KERNWEIS, GLENN  
ONE PARK PLACE  
SUITE # 240  
BOCA RATON, FL 33487**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE: **2-6-08**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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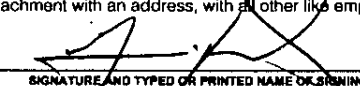
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P KERNWEIS, GLENN P ONE PARK PLACE, SUITE 240 BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DTS CAMPO, DAVID R ONE PARK PLACE, SUITE 240 BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/20/08-80022-019 158.75

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:  President DATE: **2-6-08** Daytime Phone #