

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102304

Entity Name: XTX SOLUTIONS INC.

FILED  
Jan 27, 2011  
Secretary of State

**Current Principal Place of Business:**

5056 CYPRESS TRACE DR  
TAMPA, FL 33624

**New Principal Place of Business:**

11900 FAIRWAY LAKES DRIVE  
FORT MYERS, FL 33913 US

**Current Mailing Address:**

5056 CYPRESS TRACE DR  
TAMPA, FL 33624

**New Mailing Address:**

11900 FAIRWAY LAKES DRIVE  
FORT MYERS, FL 33913 US

FEI Number: 20-0144034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIRCELLI, JUSTIN M  
5056 CYPRESS TRACE DR  
TAMPA, FL 33624 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: CIRCELLI, JUSTIN M  
Address: 5056 CYPRESS TRACE DR  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: JUSTIN M. CIRCELLI

DIR

01/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date