

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000102304

FILED
Mar 18, 2003
Secretary of State

Entity Name: XTX SOLUTIONS INC.

Current Principal Place of Business:

7207 FIVE POINT CIRCLE
APT. #202
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

7207 FIVE POINT CIRCLE
APT. #202
TAMPA, FL 33634

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIRCELLI, JUSTIN M
7207 FIVE POINT CIRCLE
APT. #202
TAMPA, FL 33634

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: DIR () Delete
Name: CIRCELLI, JUSTIN M
Address: 7207 FIVE POINT CIRCLE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: CIRCELLI, JUSTIN M
Address: 7207 FIVE POINT CIRCLE APT. #202
City-St-Zip: TAMPA, FL 33634

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: JUSTIN CIRCELLI

DIR

03/18/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date