2006 FOR PROFIT CORPORATION . ANNUAL REPORT

Mar 02, 2006 08:00 Al DOCUMENT # P03000019696 **Secretary of State** 1. Entity Name CONNEXION INC. Principal Place of Business Mailing Address 1728 CORAL WAY 1728 CORAL WAY MIAMI, FL 33145 MIAMI, FL 33145 02272006 No Chg-P GR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 61-1444965 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DE SAINT VINCENT, THIBAUD DO NOT WRITE 1728 CORAL WAY MIAMI, FL 33145 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. 2-28-2004. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DE SAINT VINCENT, THIBAUD NAME STREET ADDRESS 1728 CORAL WAY CITY-ST-ZIP MIAMI, FL 33145 U00000454232 03/14/06-80053-021 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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. 1111

SIGNATURE:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

365 491 1984

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