2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004
Secretary of State

DOCUMENT# P03000020840

Entity Name: NEXGEN IT, INC.

Current Principal Place of Business:

5730 BOWDEN ROAD
SUITE 103
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5730 BOWDEN ROAD
SUITE 103
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 32-0061617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCALISE, JIM
11250 OLD ST. AUGUSTINE ROAD
SUITE 15-165
JACKSONVILLE, FL 32257 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: PS ( ) Delete
Name: MASCHAN, BEN
Address: 2928 ALGONQUIN AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: SCALISE, JAMES P
Address: 3930 MANDARIN WOODS DR. S.
City-St-Zip: JACKSONVILLE, FL 32223

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: JIM SCALISE VP 02/20/2004

Electronic Signature of Signing Officer or Director — Date