2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
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:

4550 SAINT AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32207

Current Mailing Address:

5730 BOWDEN ROAD
SUITE 103
JACKSONVILLE, FL 32216

New Mailing Address:

4550 SAINT AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32207

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:

MASCHAN, BEN
4550 SAINT AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32207 US

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: BEN MASCHAN 03/23/2005
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: VP (X) Delete
Name: SCALISE, JAMES P
Address: 3930 MANDARIN WOODS DR. S.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MASCHAN, BEN
Address: 1310 N. LAURA ST., #4
City-St-Zip: JACKSONVILLE, FL 32206

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

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: BEN MASCHAN P 03/23/2005
Electronic Signature of Signing Officer or Director Date