


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000028241 1. Entity Name IXL TECHNOLOGIES INC	
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Principal Place of Business 9728 FREDRICKSBURG ROAD TAMPA, FL 33635	Mailing Address 9728 FREDRICKSBURG ROAD TAMPA, FL 33635
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FCI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAL, INDER 9728 FREDRICKSBURG ROAD TAMPA, FL 33635

**DO NOT WRITE
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

SIGNATURE Mohinder Singh 04/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SINGH, MOHINDER 9728 FREDRICKSBURG ROAD TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAL, INDER 9728 FREDRICKSBURG ROAD TAMPA, FL 33635
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04/27/05-80100-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE: Mohinder Singh 04/21/05 813-240-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #