2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049742

Entity Name: LUXY, INC.

FILED Sep 14, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

11790 ST ANDREWS PLACE 10745 CAMINO CIRCLE

WELLINGTON, FL 33414 US WELLINGTON, FL 33414

New Mailing Address: Current Mailing Address:

11790 ST ANDREWS PLACE 10745 CAMINO CIRCLE

WELLINGTON, FL 33414 US WELLINGTON, FL 33414

FEI Number: 58-2670150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TRIIPAN, RAUL TRIIPAN, RAUL 10745 CÁMINO CIRCLE 11790 ST ANDREWS PLACE

WELLINGTON, FL 33414 US 207 WELLINGTON, FL 33414 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: RAUL TRIIPAN 09/14/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: () Delete (X) Change () Addition TRIIPAN, RAUL TRIIPAN, RAUL Name: Name:

11790 ST ANDREWS PLACE #207 Address: 10745 CAMINO CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 US

() Delete Title: Title: (X) Change () Addition

Name: BAILEY, FAITH Name: BAILEY, FAITH 57 N STUART CIR Address: 57 N STUART CIR Address:

GREENACRES, FL 33463 GREENACRES, FL 33463 US City-St-Zip: 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: RAUL TRIIPAN **PRES** 09/14/2005