


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000080128</b> 1. Entity Name <b>THE XENA CORPORATION</b>	
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Principal Place of Business <b>6962 ALOMA AVE WINTER PARK, FL 32792 US</b>	Mailing Address <b>6962 ALOMA AVE WINTER PARK, FL 32792 US</b>
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-2022936</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BARNETT, STEPHEN 6962 ALOMA AVE WINTER PARK, FL 32792</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SANDS, RAYMOND 501 ASTRIA COURT ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ZEHEL, MIKE 6962 ALOMA AVE WINTER PARK, FL 32792</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U000000327807 04/25/05-80052-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Raymond G. Sands **RAYMOND G. SANDS** 4-22-05 407-339-6347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #