## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000080457

Entity Name: XORIGINAL, CORP

FILED Apr 27, 2007 Secretary of State

y	mer morrion	ic, com.			
Current Principal Place of Business:			New Principal Place of I	New Principal Place of Business:	
P.O.BOX 3 PALM COA	352331 AST, FL 32135	US	12 ELDER DR. PALM COAST, FL 32164	US	
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
23 BASSE PALM CO	TT LANE AST, FL 32137	US	P.O.BOX 352331 PALM COAST, FL 32135	US	
FEI Number:	: 04-3768018	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
PINEIRO, RODRIGO F 23 BASSETT LANE PALM COAST, FL 32137 US			PINEIRO, RODRIGO F 23 BASSETT LANE PALM COAST, FL 32164	US	
	e named entity s e of Florida.	ubmits this statement for the p	purpose of changing its registered of	fice or registered agent, or both,	
SIGNATURE:				04/27/2007	
		c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete PINEIRO, RODRIGO F 23 BASSETT LANE PALM COAST, FL 32137		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () Delete ALFARO, XIMENA N 23 BASSETT LN. PALM COAST, FL 32137		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () Delete ALFARO, GERARDO R 12 ELDER DR. : PALM COAST, FL 32164 US		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address:	T () ALFARO, SORA 12 ELDER DR.	Delete YA F	Title: ( ) Name: Address:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: XIMENA ALFARO P 04/27/2007

PALM COAST, FL 32164

City-St-Zip: