

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90099 024 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

94006827

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                              |                                                                                                                                  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000104368</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                              |                                                                                                                                  |  |  |
| 1. Entity Name<br>IXTLAN CONSTRUCTION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                              |                                                                                                                                  |                                                                                   |  |
| Principal Place of Business<br>277 STEWART ST<br>GENEVA, FL 32732                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                              | Mailing Address<br>277 STEWART ST<br>GENEVA, FL 32732                                                                            |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                              | 3. Mailing Address                                                                                                               |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                              | Suite, Apt. #, etc.                                                                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                              | City & State                                                                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                         | Zip                                                                                                          | Country                                                                                                                          | 4. FBI Number<br>01202004 Chg-P CR2E034 (10/03)<br>06-1704476                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                              |                                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br>KINNAIRD, ANCEL<br>277 STEWART ST<br>GENEVA, FL 32732                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| 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 replacing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                              |                                                                                                                                  |                                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$350.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| 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: Tony A. Kinnaird                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Date: 1/25/04                                                                                                |                                                                                                                                  | Phone: (407) 221-4710                                                             |  |