### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P04000003938

1. Entity Name NMLXRESS, INC.

Principal Place of Business

Mailing Address

6601 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309 US 6601 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309 US

#### FILED Feb 20, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2681589

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

WITTENBEN, DEBORAH 1600 NE 38 STREET OAKLAND PARK, FL 33334

TITLE

THICE
NAME
STREET ADDRESS
CHY-ST-ZIP

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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 blate of Florida. I am familiar with, and accept
	the obligations of registered agent.

(ROTE, Registered Agent signature required when reinstating)

PU S MAURU ERE 18 6450 00

s. Election Campaign Financing

\$5.00 May Be Added to Fees

After May 1, 2006 Fee will be \$550.00

On Trust Fund Contribution.

U00000441170 03/03/U6-80024-024 150.U0

DATE

SMALL, JONATHAN W NAME 3021 NE 55 PLACE STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE VP SMALL, HARRIS A III NAME STREET ADDRESS 3021 NE 39 STREET CITY-ST-INP FT. LAUDERDALE, FL 33334 TITLE WITTNEBEN, DEBORAH NAME STREET ADDRESS 1600 NE 38 STREET OAKLAND PARK, FL 33334 CITY-ST-ZIP TITLE FERGUSON, SUSIE NAME 1446 KEW GARDENS COURT STREET ADDRESS City-St-Zip **SAN JOSE, CA 95120** TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation or the required 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: SIGNATURE AND THE OF PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

20.66

954.772-8880

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