


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000003938</b>	
1. Entity Name NMLXRESS, INC.	

Principal Place of Business 6601 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309 US	Mailing Address 6601 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309 US
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**DO NOT WRITE IN THIS SPACE**



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2681589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U000000919156  
 02/15/08-80071-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALL, JONATHAN W 3021 NE 55 PLACE FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMALL, HARRIS A III 3021 NE 39 STREET FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITTNEBEN, DEBORAH 1600 NE 38 STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERGUSON, SUSIE 1446 KEW GARDENS COURT SAN JOSE, CA 95120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:  **DEBORAH WITTNEBEN** 5 **2-5-08** **954-772-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #