


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90537 032 ***150.00

DOCUMENT # P04000030384 1. Entity Name NEXTPLEX TECHNOLOGY CENTER, INC.					
Principal Place of Business 4040 W WATERS AVE, STE 1500 TAMPA, FL 33614			Mailing Address 4040 W WATERS AVE, STE 1500 TAMPA, FL 33614		
2. Principal Place of Business <i>12526 Cardiff Dr</i>		3. Mailing Address <i>12526 Cardiff Dr</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Tampa FL</i>		City & State <i>FL, Tampa</i>		4. FEI Number <i>57-1207761</i>	
Zip <i>33625</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33625</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHANAN, TIMOTHY C 4040 W WATERS AVE, STE 1500 TAMPA, FL 33614				7. Name and Address of New Registered Agent Name <i>Buchanan, Timothy C.</i> Street Address (P.O. Box Number is Not Acceptable) <i>12526 Cardiff Dr</i> City <i>Tampa</i> <i>FL</i> Zip Code <i>33625</i>	
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 <i>[Signature]</i> DATE <i>4/28/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, TIMOTHY C 4040 W WATERS AVE, STE 1500 TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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: <i>[Signature]</i>			Date <i>4/28/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

50046369



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