8/11/2005-90003-031-$150.00-$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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05 OCT 10 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50061020

07152005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000098837

1. Entity Name
VEXORG, INC.

Principal Place of Business	Mailing Address
6120-10 POWERS AVENUE SUITE 162 JACKSONVILLE, FL 32217	6120-10 POWERS AVENUE SUITE 162 JACKSONVILLE, FL 32217

2. Principal Place of Business	3. Mailing Address	
	6047 St. Augustine Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 162	
City & State	City & State: Jacksonville FL	4. FEI Number: 43-2054503 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip: 32217 / Country: Duval	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN & COMPANY, LC
5150 BELFORT RD. SOUTH
BUILDING 500
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City 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 ______________________
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DUFFE, PAUL E III 5372 TULANE AVENUE JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Paul E. Duffe III 8/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #