

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103722

Entity Name: THE 9TH XCHANGE INC.

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

7777 N. WICKHAM ROAD
#12-610
MELBOURNE, FL 32940 US

Current Mailing Address:

7777 N. WICKHAM ROAD
#12-610
MELBOURNE, FL 32940 US

New Principal Place of Business:

43422 W OAKS DR
#145
NOVI, MI 48377 US

New Mailing Address:

43422 W OAKS DR
#145
NOVI, MI 48377 US

FEI Number: 20-1355904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONACCORSO, JOHN L
7777 N. WICKHAM ROAD
#12-610
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONACCORSO, JOHN L
Address: 7777 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONACCORSO, JOHN L
Address: 43422 W OAKS DR, 145
City-St-Zip: NOVI, MI 48377 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. BONACCORSO

P

05/05/2008

Electronic Signature of Signing Officer or Director

_____ Date