## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000152941

Entity Name: X-PRESS IT, INC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2246 W. 80 ST.			5790 RODI	5790 RODMAN ST.		
SUITE 5 HIALEAH, FL 33016			BAY 8	BAY 8 HOLLYWOOD, FL 33023		
Current Mailing Address:				New Mailing Address:		
Current IV	iaiiing Addr	ess:	New Maili	ng Adaress	:	
13521 NW APT. 203 PEMBROH	/ 4 ST. KE PINES, FI	_ 33028				
FEI Number	: 20-1850761	FEI Number Applied For ( )	FEI Number Not Appl	icable()	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
	/ 4 <sup>°</sup> ST. KE PINES, FI		urnoso of phonoling is	to registeres	d office or registered agent or both	
	e named enui e of Florida.	y submits this statement for the pr	urpose of changing i	is registered	d office or registered agent, or both	
SIGNATUI	RE:					
	Electr	onic Signature of Registered Age	nt		Date	
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).				
OFFICER	S AND DIRE	CTORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	SAUNDERS, 13521 NW 4	( ) Delete WALT ST. APT. 203 PINES, FL 33028	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SAUNDERS, 13521 NW 4	( ) Delete HEATHER W ST. APT. 203 PINES, FL 33028	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:		( ) Delete	Title: Name: Address: City-St-Zip:	WALT, SAUN 13521 NW 4	( ) Change (X) Addition NDERS W ST. APT. 203 PINES, FL 33028	
Title: Name: Address: City-St-Zip:	1	( ) Delete	Title: Name: Address: City-St-Zip:	IRIS, SAUND 13521 NW 4	( ) Change (X) Addition ERS ST. APT. 203 PINES, FL 33028	

I hereby certify that the information supplied with this filing does not qualify for the 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: WALT SAUNDERS P 04/11/2007