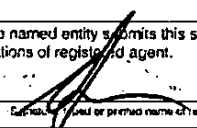


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90016 021 ***150.00

DOCUMENT # P04000154750 1. Entity Name RXA, INC.																																																																																																																	
Principal Place of Business 2256 "C" W NINE MILE RD PENSACOLA, FL 32514			Mailing Address 2256 "C" W NINE MILE RD PENSACOLA, FL 32514																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66006008  02122005 Chg-P CR2E034 (10/03)																																																																																																													
City & State		City & State																																																																																																															
Zip		Zip																																																																																																															
Country		Country																																																																																																															
4. FEI Number 75-3174270				Applied For ☐ Not Applicable																																																																																																													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JACKSON, LAURIE 2256 "C" W NINE MILE RD PENSACOLA, FL 32514																																																																																																													
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  DATE 2/18/05																																																																																																																	
(NOTE: Registered Agent signature required when reappointing)																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRESIDENT</td> <td style="width: 20%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LAURIE JACKSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3506 BAYSWATER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32514</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRESIDENT</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>STEVEN L. JACKSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2256 "C" WEST NINE MILE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32534</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PRESIDENT	☐ Delete	NAME	LAURIE JACKSON		STREET ADDRESS	3506 BAYSWATER DRIVE		CITY-ST-ZIP	PENSACOLA, FL 32514		TITLE	VICE PRESIDENT	☐ Delete	NAME	STEVEN L. JACKSON		STREET ADDRESS	2256 "C" WEST NINE MILE RD		CITY-ST-ZIP	PENSACOLA, FL 32534		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PRESIDENT	☐ Delete																																																																																																															
NAME	LAURIE JACKSON																																																																																																																
STREET ADDRESS	3506 BAYSWATER DRIVE																																																																																																																
CITY-ST-ZIP	PENSACOLA, FL 32514																																																																																																																
TITLE	VICE PRESIDENT	☐ Delete																																																																																																															
NAME	STEVEN L. JACKSON																																																																																																																
STREET ADDRESS	2256 "C" WEST NINE MILE RD																																																																																																																
CITY-ST-ZIP	PENSACOLA, FL 32534																																																																																																																
TITLE		☐ Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
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: _____																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	
Date _____ Daytime Phone # _____																																																																																																																	