

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023314

Entity Name: AXR INCORPORATED

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

800 CELEBRATION AVE
SUITE 227
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

800 CELEBRATION AVE
SUITE 227
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 20-2348757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ITMCI BUSINESS SOLUTIONS
177 LONGVIEW AVE
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECKERT, ROBERT L
Address: 8501 LAKE VINING CT #5107
City-St-Zip: ORLANDO, FL 34747 US

Title: VP () Delete
Name: KRASNOFF, MURRAY
Address: 844 GROVE PARK DR
City-St-Zip: DAVENPORT, FL 33837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KRASNOFF, MURRAY
Address: 246 SAND RIDGE RD.
City-St-Zip: DAVENPORT, FL 33896 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: MURRAY KRASNOFF

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date