


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90423 050 ***150.00

DOCUMENT # P05000050166

1. Entity Name
XG SYSTEMS CORP



Principal Place of Business
**115 BEDFORD AVENUE
 HALLANDALE, FL 33009**

Mailing Address
**115 BEDFORD AVENUE
 HALLANDALE, FL 33009**

40089775



2. Principal Place of Business - No P.O. Box #
302 NE 142nd St.

3. Mailing Address
302 NE 142nd St

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

04062007 Chg-P CR2E034 (12/06)

City & State
Miami, FL

City & State
Miami, FL

Zip
33161

Country
US

Country
US

4. FEI Number
20-2615979

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEON, ANDRE
 115 BEDFORD AVENUE
 HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name
Leon Andre

Street Address (P.O. Box Number is Not Acceptable)
302 Bedford Ave

City
Hallandale

State
FL

Zip Code
33161

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 **X**  DATE _____

Signature of the person who is the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEON, ANDRE 115 BEDFORD AVENUE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	302 NE 142nd Street MIAMI, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **President** 4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #