
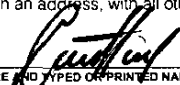


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 025 ***158.75

DOCUMENT # P05000100283					
1. Entity Name FEDEXI, INC					
Principal Place of Business 4714 ORTEGA HILLS DR JACKSONVILLE, FL 32244			Mailing Address 4714 ORTEGA HILLS DR JACKSONVILLE, FL 32244		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #; etc.			Suite, Apt. #; etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-3158869</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRATONE, EDINSON N 4714 ORTEGA HILLS DR JACKSONVILLE, FL 32244			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	GRATONE, EDINSON N		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4714 ORTEGA HILLS DR		STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
JACKSONVILLE, FL 32244	JACKSONVILLE, FL 32244		CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VD	SANTANA, MIRTA S		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4714 ORTEGA HILLS DR		STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
JACKSONVILLE, FL 32244	JACKSONVILLE, FL 32244		CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			EDINSON GRATONE.		
DATE			DAYTIME PHONE #		
2/4/06			6665478		