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May 01, 2008 8:00 am
Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142062

1. Entity Name
XLN INCORPORATED

Principal Place of Business	Mailing Address
4923 AUGUSTA AVENUE OLDSMAR, FL 34677	4923 AUGUSTA AVE. OLDSMAR, FL 34677 US

04272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3665242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIOLA, NEIL O 4923 AUGUSTA AVENUE OLDSMAR, FL 34677	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: [signature] NEIL DIOLA 04-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 DIOLA, NEIL O 4923 AUGUSTA AVENUE OLDSMAR, FL 34677	☑ Delete	PRESIDENT LORNA C. DIOLA 4923 AUGUSTA AVE OLDSMAR FL 34677	☑ Change ☐ Addition 70%
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIOLA, LORNA C 4923 AUGUSTA AVENUE OLDSMAR, FL 34677	☑ Delete	VICE PRESIDENT NEIL DIOLA 4923 AUGUSTA AVE OLDSMAR FL 34677	☑ Change ☐ Addition 30%
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] NEIL DIOLA 4-28-08