
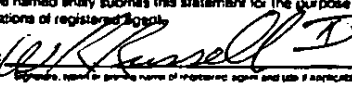
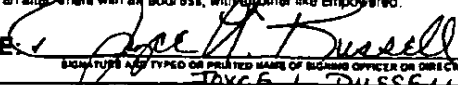


FILED
May 02, 2007 8:00 am
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

37.
37.

03-23-2007 90030 023 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P06000003373 | |  | |
| 1. Entity Name X-L CONCEPTS, INC. | | | |
| Principal Place of Business 4320 COLONIAL BLVD FT MYERS, FL 33912 | | Mailing Address 4320 COLONIAL BLVD FT MYERS, FL 33912 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 33966 | Country | Zip 33966 | Country |
| 4. FEI Number 22-3919842 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent Name Wm. R. RUSSELL II Street Address (P.O. Box Number is Not Acceptable) 4320 COLONIAL BLVD. City FT. MYERS FL Zip Code 33966 | |
| 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 4/30/07 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete PSTD SHEPARD, JOYCE L 4320 COLONIAL BLVD FT MYERS, FL 33912 | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUSSELL, JOYCE L. 33966 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 recipient 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 another like empowered. | | | |
| SIGNATURE  | | Date 3/20/07 Telephone # 239-936-6624 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOYCE L. RUSSELL | | | |