

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000022464	
1. Entity Name X-CHANGE, INC.	

Principal Place of Business 1858 BEAR CREEK COVE LONGWOOD, FL 32799-2755 US	Mailing Address 1858 BEAR CREEK COVE LONGWOOD, FL 32799-2755 US
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07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3725511	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABDIN, MICHAEL 1858 BEAR CREEK COVE LONGWOOD, FL 32799-2755
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**DO NOT WRITE
IN THIS SPACE**

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.	U000000954343 07/11/08-80009-017 150.00
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABDIN, MICHAEL 1858 BEAR CREEK COVE LONGWOOD, FL 327992755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ABDIN, ADRIANNA 1858 BEAR CREEK COVE LONGWOOD, FL 327992755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 	Date: 7-1-08	Daytime Phone: 407-302-2224
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		