

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031931

Entity Name: FX101, INC.

FILED
Sep 04, 2007
Secretary of State

Current Principal Place of Business:

14222 LAKE MARYJANE RD
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

487 GOLDEN ARM ROAD
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-4421178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIAD CONSULTANTS NETWORK, INC.
487 GOLDEN ARM ROAD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLLS, ANDREW T JR.
Address: 14222 LAKE MARYJANE RD
City-St-Zip: ORLANDO, FL 32832 US

Title: VP () Delete
Name: KELLER, RONALD J JR.
Address: 2167 S. KIRKMAN RD, #204
City-St-Zip: ORLANDO, FL 32811 US

Title: S () Delete
Name: HAAS, JON S
Address: 487 GOLDEN ARM ROAD
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON S. HAAS, CLP

DS

09/04/2007

Electronic Signature of Signing Officer or Director

Date