

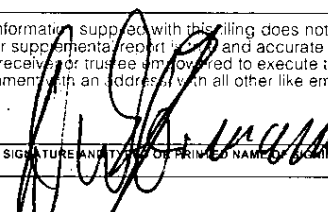


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000078857			40066866
1. Entity Name FLORIDA MAXX, INC.			
Principal Place of Business 1221 SW 10TH TER CAPE CORAL, FL 33991		Mailing Address 1221 SW 10TH TER CAPE CORAL, FL 33991	
DO NOT WRITE IN THIS SPACE			
			
		03312008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-5068501	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 HUTTNER, OLIVER 1221 SW 10TH TER CAPE CORAL, FL 33991		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.			
SIGNATURE _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEIMANN, DIRK 1221 SW 10TH TER CAPE CORAL, FL 33991		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRZOSKA, BERND 1221 SW 10TH TER CAPE CORAL, FL 33991		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: 		02.04.2008 495367-20464	
SIGNATURE AND TYPE OF PRINTED NAME OF AGING OFFICER OR DIRECTOR		Date	Daytime Phone #