


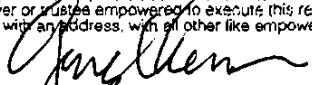
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FROM AUGUST TORRES CPA 1 407 857

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 029 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118334					
1. Entity Name EXIT20 INCORPORATED					
Principal Place of Business 68 GRAHAM AVENUE OVIEDO, FL 32765 US			Mailing Address 68 GRAHAM AVENUE OVIEDO, FL 32765 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07122007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-5546175	
				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			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Truer Fund Contribution. <input type="checkbox"/>		\$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.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, GARY S		NAME		
STREET ADDRESS	68 GRAHAM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELONG, DANIEL F.		NAME		
STREET ADDRESS	68 GRAHAM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	SECT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELONG, DANIEL F		NAME		
STREET ADDRESS	68 GRAHAM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELONG, DANIEL F		NAME		
STREET ADDRESS	68 GRAHAM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		7.16.07		407-365-1125	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40125822

