FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
10 APR 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000016391

1. Entity Name
XAIOX Technology Inc.

DO NOT WRITE IN THIS SPACE

500179238435
04/30/10--01007--007 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
905 SW 19th Lane	905 SW 19th Lane
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33991 Country: USA	Zip: 33991 Country: USA

4. FEI Number 20-8397736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dieter Mackowiak

Street Address (P.O. Box Number is Not Acceptable): 905 SW 19th Lane

City: Cape Coral **FL** Zip Code: 33991

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: Dieter Mackowiak 4/24/2010
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dieter Mackowiak 905 SW 19th Lane Cape Coral FL 33991	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dieter Mackowiak 4/24/2010 239-738-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #