2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90036 039 ***150.00 **DOCUMENT # P07000031368** 1. Entity Name NXTÓOL, INC. 50000686 Principal Place of Business Mailing Address 111 NORTH ORANGE AVE SUITE 1450 111 NORTH ORANGE AVE SUITE 1450 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 41 WINGHURST 141 WINGHURST BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 CR2E034 (12/06) ORLANDO City & State Applied For 4. FEI Number FL CENAJ. 20-281031 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDRA A. LOWDER GREENE & LEE, P.L. Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORANGE AVE SUITE 1450 ORLANDO, FL 32801 BLVD WINCHURST 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 Fforida. I am familiar with, and accept of registered agent SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 5 SANDRA A.LOWDER D TITLE ☐ Defete TITLE ☐ Change Addition Addition LOWDER, STEVE NAME NAME 141 WINGHURST BLVD STREET ADDRESS STREET ADDRESS 141 WINGHURST BLUD CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP ANDO FL 32828 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

12. Thereby 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 any chanent with an address, with all other like empowered.

NAME

TATLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-71P

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

STEVEN H. LOWDER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition

FILED