2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001828

Entity Name: X10, INC.

City-St-Zip:

FORT LAUDERDALE, FL 33306 US

FILED Mar 24, 2009 Secretary of State

Littly Na	ine. XIO, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
300 EAST OAKLAND PARK BLVD SUITE 315 FORT LAUDERDALE, FL 33334 US		SUITE 404	3471 NORTH FEDERAL HIGHWAY SUITE 404 FORT LAUDERDALE, FL 33306 US			
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Current Mailing Address:			New Maili	New Mailing Address:		
300 EAST OAKLAND PARK BLVD SUITE 315 FORT LAUDERDALE, FL 33334 US		3471 NORTH FEDERAL HIGHWAY SUITE 404 FORT LAUDERDALE, FL 33306 US				
FEI Number	: 26-1698621 FEI	Number Applied For ()	FEI Number Not App	licable () Certifi	icate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
OAKLAND The above	36TH COURT DPARK, FL 33309 named entity submer of Florida.	US its this statement for the p	ourpose of changing i	ts registered office or	r registered agent, or both,	
	Electronic Sig	nature of Registered Age	ent		Date	
Election Ca	mpaign Financing Trus	t Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () Delete ZAPPULLA, PETER 10358 LIMERICK CIR COVINGTON, KY 410	CLE	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	VSD () Delete ARNETT, LARY 1720 NW 36TH COUF OAKLAND PARK, FL	RT	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name:	TD () Delete LABADIA, THOMAS 2603 NE 34 STREET	•	Title: Name:	TD (X) Change LABADIA, THOMAS	e () Addition	

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.

City-St-Zip:

WILTON MANORS, FL 33305 US

SIGNATURE: THOMAS LABADIA MR. 03/24/2009