FOR PROFIT CORPORATION ANNUAL REPORT

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11 JUL -6 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000070377

1. Entity Name
THE FOX TWO INC

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
325 PARKLANE DRIVE	5 GENENDIJKERVELD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE FL	City & State: HAM
Zip: 34285 Country: USA	Zip: 3945 Country: BELGIUM

4. FEI Number — [X] Applied For [ ] Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SWINNEN, ANNE-MARIE C

Street Address (P.O. Box Number is Not Acceptable):
325 PARKLANE DRIVE

City: VENICE FL Zip Code: 34285

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: SWINNEN ANNE-MARIE C PRESIDENT JUNE 29, 2011
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR 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

E-mail Address: FOXSMOLDERS@COMPANET.BE
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWINNEN ANNE-MARIE C
STREET ADDRESS	5 GENENDIJKERVELD
CITY-ST-ZIP	HAM, BE 3945 BE
TITLE	VP
NAME	SMOLDERS JOHAN E
STREET ADDRESS	5 GENENDIJKERVELD
CITY-ST-ZIP	HAM BE 3945 BE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Filed without late fee. Online filing would not accept out of country address. Attempted to file prior to May 1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300209694883
07/06/11--01003--002 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: ANNE-MARIE SWINNEN P 06/29/11 3528278601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #