

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000099668

Entity Name: XA WORLDWIDE INC.

FILED
Jul 24, 2009
Secretary of State

Current Principal Place of Business:

5010 WEST CARMEN STREET
#2130
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5010 WEST CARMEN STREET
#2130
TAMPA, FL 33609

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S. AVERY SMITH, P.A.
2859 WILLOW BAY TERRACE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS P.A.
501 E. KENNEDY BLVD STE. 1700
TAMPA, FL 33602 US

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.

SIGNATURE: PETER B. KING

07/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PROZER III, MICHAEL A
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: DONALD, JASON
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DONALD, JASON
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: SHARPE, FRANK
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

Title: D () Change (X) Addition
Name: MORALES, LARRY
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

Title: D () Change (X) Addition
Name: HOSCH, BRIAN
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

Title: D () Change (X) Addition
Name: NORTHRUP, GEORGE
Address: 5010 WEST CARMEN STREET, SUITE 2130
City-St-Zip: TAMPA, FL 33609

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.

SIGNATURE: JASON DONALD

PD

07/24/2009

Electronic Signature of Signing Officer or Director

Date