## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 13, 2006 08:00 AM-Secretary of State DOCUMENT # P93000035227 1. Entity Name XMS, INC. Mailing Address Principal Place of Business 24 WAX MYRTLE RD 24 WAX MYRTLE RD AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 US No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3166612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORUSOVIC, STEPHEN J DO NOT WRITE 24 WAX MYRTLE RD AMELIA ISLAND, FL 32034 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BORUSOVIC, STEPHEN J NAME. STREET ADDRESS 24 WAX MYRTLE RD AMELIA ISLAND, FL 32034 CITY-ST-7(P TITLE 11000000385682 NAME 01/18/06-80026-013 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 path; that I am an officer or director of the corporation or the paceiver 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

SIGNATURE: Z

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

904-321-2286

Daytime Phone \*

**FILED**