


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000052177**

1. Entity Name  
**DXRESOURCES CORPORATION**



Principal Place of Business  
**4908 WEST NASSAU ST.  
TAMPA, FL 33607 US**

Mailing Address  
**P.O. BOX 271352  
TAMPA, FL 33688 US**



01312006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-3194659**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZELL, ROYALD A  
4908 WEST NASSAU ST.  
SUITE 1095  
TAMPA, FL 33607**

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature of the registered agent or the person authorized to file this report.

**FILE NOW!!! FEE IS \$130.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ZELL, ROYALD A</b>
STREET ADDRESS	<b>4908 WEST NASSAU ST.</b>
CITY ST ZIP	<b>TAMPA, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1100000418217  
02/13/06-80086-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 included 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 of changed or on an attachment with an address with another, is empowered.

SIGNATURE: Royald A Zell **Royald A Zell** 1/31/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR