

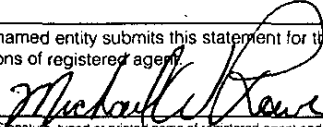
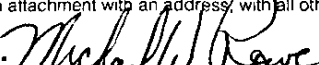


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90013 023 \*\*\*150.00

<b>DOCUMENT # P94000071123</b> 1. Entity Name <b>MAXX/CO REAL ESTATE CORPORATION</b>					
Principal Place of Business <b>5121 EHRLICH ROAD SUITE 102-B TAMPA, FL 33624</b>			Mailing Address <b>5121 EHRLICH ROAD SUITE 110 TAMPA, FL 33624</b>		
2. Principal Place of Business - No P.O. Box # <b>5121 EHRLICH Road</b> Suite, Apt. #, etc. <b>Suite 102A</b> City & State <b>TAMPA FL.</b> Zip <b>33624</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<b>40043978</b> 	
4. FEI Number <b>59-3573343</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				03262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROWE, MICHAEL W 5121 EHRLICH ROAD SUITE 102-B TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name <b>Rowe, Michael W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5121 EHRLICH ROAD, SUITE 102A</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33624</b>		
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  <b>Michael W. Rowe</b> <b>3/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ROWE, MICHAEL W 5121 EHRLICH ROAD, SUITE 110 TAMPA, FL 33624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROWE, HORACE L 5121 EHRLICH ROAD SUITE 110 TAMPA, FL 33624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			<b>Michael W. Rowe</b> <b>3/26/07</b> <b>8132441520</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		