


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000085540	
1. Entity Name XPL0DE III CORPORATION	

Principal Place of Business 19048 N.W. 23RD PLACE PEMBROKE PINES, FL 33029-5344	Mailing Address 19048 N.W. 23RD PLACE PEMBROKE PINES, FL 33029-5344
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DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0571463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIBSON, ANNETTE 19048 N.W. 23RD PLACE HOLLYWOOD, FL 33029

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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000555392 05/16/06-80032-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, ANNETTE 19048 NW 23RD PLACE HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, CAROL 19048 NW 23RD PLACE HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMWELL, ATTU 19048 NW 23RD PLACE HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Annette Gibson</u>	4-27-06 (305) 530-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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