2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AN
Secretary of State

DOCUMENT # P95000066192 1. Entity Name KXB CORP.					cretary or Sta
Principal Plac 5200 TOWN SUITE 550 BOCA RATON	CENTER CIRCLE	Mailing Address 5200 TOWN CENTER CIRCLE SUITE 550 BOCA RATON, FL 33486			
DO NOT WRITE IN THIS SPACE			CE		R2E034 (11/05) Applied For Not Applicable
BROWN, KENNETH 5200 TOWN CENTER CIRCLE SUITE 550 BOCA RATON, FL 33486			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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 PATE 9. Election Campaign Financing \$5.00 May Be Added to Fees					
		507000			
110. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, KENNETH B 5200 TOWN CENTER CIRCLE, SUI BOCA RATON, FL 33486	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	_		00000 058 91712707-80	3800 8012-802 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	1
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information incloated 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 chapter 607 or an attachment with an address, with all other like empowered.					