
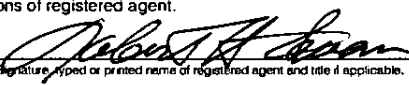
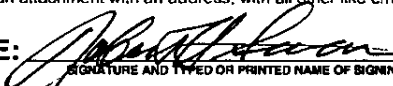


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90190 002 ***150.00

DOCUMENT # P98000092881 1. Entity Name INTERNEXX, INC.		
Principal Place of Business 905 EAST MARTIN LUTHER KING JR DR SUITE #370 TARPON SPRINGS, FL 34689 US		Mailing Address 905 EAST MARTIN LUTHER KING JR DR SUITE #370 TARPON SPRINGS, FL 34689 US
2. Principal Place of Business 3825 CAPITOL DR. Suite, Apt. #, etc.	3. Mailing Address 36181 EAST LAKE RD Suite, Apt. #, etc. #325	
City & State PALM HARBOR FL.		City & State PALM HARBOR, FL
Zip 34685	Country USA	Zip 34685
4. FEI Number 59-3572629		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 SWAN, ROBERT G 905 E. MARTIN LUTHER KIND JR. DR. SUITE 370 TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name ROBERT H. SWAN Street Address (P.O. Box Number is Not Acceptable) 3825 CAPITOL DR. City PALM HARBOR FL Zip Code 34685
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: APRIL 28 2005		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PDTS NAME SWAN, ROBERT H <input checked="" type="checkbox"/> Delete STREET ADDRESS 905 E MLK JR DR, STE #370 CITY-ST-ZIP TARPON SPRINGS, FL 34689	TITLE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ROBERT H. SWAN STREET ADDRESS 3825 CAPITOL DR CITY-ST-ZIP PALM HARBOR, FL 34685	
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 exemption stated in Section 119.07(3)(i), 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: 		Date: APRIL 28 2005 Daytime Phone #: 727-771-9482