

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90044 021 \*\*\*150.00

**50004480**



01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000009452</b> 1. Entity Name <b>NEXTEEN MAGAZINE, INC.</b>			
Principal Place of Business <b>210 64TH ST BRADENTON BEACH, FL 34217</b>		Mailing Address <b>PO BOX 1395 HOLMES BCH, FL 34218</b>	
2. Principal Place of Business <i>3925 NW 23rd TERRACE</i> Suite, Apt. #, etc.		3. Mailing Address <i>3925 NW 23rd TERRACE</i> Suite, Apt. #, etc.	
City & State <i>GAINESVILLE, Florida</i> Zip <i>32605</i>		City & State <i>GAINESVILLE, FL</i> Zip <i>32605</i>	
Country <i>Alachua</i>		Country <i>Alachua</i>	
4. FEI Number <b>65-0903582</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BURNES, DOUG 5506 HOMLES BLVD. HOLMES BEACH, FL 34217</b>		7. Name and Address of New Registered Agent Name <i>Doug Burness</i> Street Address (P.O. Box Number is Not Acceptable) <i>3925 NW 23rd TERRACE</i> City <i>GAINESVILLE</i> FL Zip Code <i>32605</i>	
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 <i>[Signature]</i> DATE <i>1/17/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNES, DOUG 210 64TH ST HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROZSA, KATLIN 210 64TH ST HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATLIN BURNES 3925 NW 23rd TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>[Signature]</i>		Date <i>1/17/05</i> (352) 375-1342	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	