

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000020557**

1. Entity Name  
**KXS CORP.**



Principal Place of Business

**5200 TOWN CENTER CIRCLE, STE. 550  
BOCA RATON, FL 33486**

Mailing Address

**5200 TOWN CENTER CIRCLE, STE. 550  
BOCA RATON, FL 33486**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0908945</b>                        | Applied For<br><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**

**SHAYER, KEVIN J  
5200 TOWN CENTER CIRCLE, STE. 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 re/instating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000400175  
02/01/06-80042-014 150.00

**10. OFFICERS AND DIRECTORS**

|                |                                    |
|----------------|------------------------------------|
| TITLE          | P                                  |
| NAME           | SHAYER, KEVIN J                    |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, SUITE 550 |
| CITY- ST- ZIP  | BOCA RATON, FL 33486               |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY- ST- ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY- ST- ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY- ST- ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY- ST- ZIP  |                                    |

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/06**

Date

**(561)361-1079**

Daytime Phone #