





2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 049 ***150.00

DOCUMENT # P99000022589 1. Entity Name NXG ARCHITECTURE, INC.																																																					
Principal Place of Business 4550 PGA BLVD SUITE 201 PALM BEACH GARDENS, FL 33418			Mailing Address 4550 PGA BLVD SUITE 201 PALM BEACH GARDENS, FL 33418																																																		
2. Principal Place of Business - No P.O. Box # 743 TRADEWIND Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 743 TRADEWIND Dr. <small>Suite, Apt. #, etc.</small>																																																			
City & State NORTH PALM BEACH, FL Zip 3340 Country USA		City & State NORTH PALM BEACH, FL Zip 33408 Country USA		4. FEI Number 65-0902414 Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04042008 Chg-P CR2E034 (12/06)																																																	
6. Name and Address of Current Registered Agent GUERRA, NOE X 321 NORTHLAKE BLVD SUITE 202 NORTH PALM BEACH, FL 33408 			7. Name and Address of New Registered Agent Name GUERRA, NOE X. Street Address (P.O. Box Number is Not Acceptable) 743 TRADEWIND Dr. City NORTH PALM BEACH FL Zip Code 33408																																																		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> D GUERRA, NOE XAVIER 4550 PGA BLVD, SUITE 201 PALM BEACH GARDENS, FL 33418 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, NOE XAVIER 4550 PGA BLVD, SUITE 201 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> D GUERRA, NOE XAVIER 743 TRADEWIND Dr. N. PALM BEACH, FL 33408 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, NOE XAVIER 743 TRADEWIND Dr. N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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:  04/08/08 561-776-6110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					