

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090067

FILED
Jul 09, 2009
Secretary of State

Entity Name: XHIBIT, INC.

Current Principal Place of Business:

5195 NE 12TH AVENUE
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

5195 NE 12TH AVENUE
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-0956055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMP, DAVID B
327 CITY VIEW DRIVE
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMP, DAVID B
Address: 327 CITY VIEW DR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ST () Delete
Name: CAMP, MARY ANNE
Address: 1101 RIVER REACH DR # 502
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: CAMP, MARY ANNE
Address: 317 CITY VIEW DR
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. CAMP

_____ Electronic Signature of Signing Officer or Director

P

07/09/2009

_____ Date