

# 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

P

07/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date