


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90028 008 ***150.00

DOCUMENT # V49972 1. Entity Name ALEXTLE, INC.					
Principal Place of Business C/O DAVID MCKIBBIN 6225 COLLINS AVE. MIAMI BEACH, FL 33140			Mailing Address C/O DAVID MCKIBBIN 5225 COLLINS AVE. MIAMI BEACH, FL 33140 US		
2. Principal Place of Business - No P.O. Box # 205 WORTH AVENUE Suite, Apt. #, etc. SUITE 312 City & State PALM BEACH FL Zip 33480		3. Mailing Address 205 WORTH AVENUE Suite, Apt. #, etc. SUITE 312 City & State PALM BEACH, FL Zip 33480		4. FEI Number 65-0392834 Applied For <input type="checkbox"/> Not Applicable	
Country UNITED STATES		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKIBBIN, DAVID A. 2075 S OCEAN BLVD, STE 200- PALM BEACH, FL 33480 205 WORTH AVENUE SUITE 312 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>David M. McKibbin</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-30-07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKIBBIN, DAVID A. 1388 LAND'S END RD LANTANA, FL 33462		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u><i>David M. McKibbin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-30-07 (561/5476606) Date Daytime Phone #		