


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90062 050 \*\*\*150.00

**DOCUMENT # F05000003942**

1. Entity Name  
**NEXTACE CORPORATION**



Principal Place of Business      Mailing Address  
**160 SOUTH OLD SPRINGS ROAD**      **160 SOUTH OLD SPRINGS ROAD**  
**200**      **200**  
**ANAHEIM HILLS, CA 92808**      **ANAHEIM HILLS, CA 92808**

**40053475**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02202007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-0133612**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNOR'S SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, MIKE	
STREET ADDRESS	160 SOUTH OLD SPRINGS ROAD	
CITY-ST-ZIP	ANAHEIM HILLS, CA 92808	
TITLE	COO	<input type="checkbox"/> Delete
NAME	STITZ, LENNY	
STREET ADDRESS	160 SOUTH OLD SPRINGS ROAD	
CITY-ST-ZIP	ANAHEIM HILLS, CA 92808	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CANTRAL, DON	
STREET ADDRESS	160 SOUTH OLD SPRINGS ROAD	
CITY-ST-ZIP	ANAHEIM HILLS, CA 92808	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROEDER, GREG	
STREET ADDRESS	18400 VON KARMAN	
CITY-ST-ZIP	IRVINE, CA 92612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **2-19-07** **714.685.0262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #