



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 131519		2. Name of Corporation X2COMM, Inc.			
3. Street Address Principal Business Office 270 South Main St			City Flemington	State NJ	Zip 08822
4. Business Phone No. 908 806 7096		5. State of Incorporation NEVADA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TELECOMMUNICATIONS SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Emanuel DeMaio			Vice President Name		
Street Address 270 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
Secretary Name Mark Pavol			Treasurer Name		
Street Address 270 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Emanuel DeMaio			Director Name		
Street Address 270 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
Director Name Mark Pavol			Director Name		
Street Address 270 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM \$1.00 PAR VALUE			8500	C	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



131519

File Date 2-11-05
Check No. 3265
By: KB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/5/04
Print or Type Name of Officer Mark Pavol
Title of Officer Sec 1 Treas



FIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Period: January 1 - March 1 • Filing Fee: \$50.00

MUST BE TYPED OR PRINTED IN BLACK

1. Rate ID No 31519		2. Name of Corporation X2COMM, Inc.			
Address Principal Business Office 70 South Main St			City Flemington	State NJ	Zip 08822
Business Phone No. 908 806 7096		5. State of Incorporation NEVADA			6. SIC Code 10670
Description of the Character of Business Conducted in Rhode Island TO PROVIDE TELECOMMUNICATIONS SERVICES					
4. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
1. Name Emanuel D Maio			Vice President Name		
Address 270 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
2. Name Mark Pavol			Treasurer Name Mark Pavol		
Address 70 South Main St			Street Address 270 South Main St		
City Flemington	State NJ	Zip 08822	City	State	Zip
4. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
1. Name manuel D Maio			Director Name		
Address 70 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
2. Name Mark Pavol			Director Name		
Address 70 South Main St			Street Address		
City Flemington	State NJ	Zip 08822	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10 COMM \$1.00 PAR VALUE			8,500	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File No. 1-20-04
 No. 2606
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 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/14/04
 Print or Type Name of Officer Mark Pavol
 Title of Officer Sec / Treas