

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N02000002812

1. Entity Name
EXSULTATE! INC.



Principal Place of Business

**101 WEST VENICE AVE.
SUITE 31-5
VENICE, FL 34285**

Mailing Address

**EXSULTATE!
BOX 394
VENICE, FL 34284**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3036470

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, JANET
101 WEST VENICE AVE.
SUITE 31-5
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000585519
01/16/07-80016-007 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HARTLEY, MICHAEL
101 WEST VENICE AVE., 10
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
BRUCE, PATRICIA
1222 CAPRI ISLES BLVD
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
ROBERTS, JANET
1283 FLYING BRIDGE LN
OSPREY, FL 34229**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALKER, DON
222 SOUTHAMPTON LN
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, THOMAS
999 INLET CIR., A204
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
TRAMMELL, JEAN
418 GULF ST.
VENICE, FL 34285**

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IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Roberts
Date
January 8 2007
Daytime Phone #