2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N02000002812

Entity Name: EXSULTATE! INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 75-3036470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, THOMAS C
101 WEST VENICE AVE.
SUITE 31-5
VENICE, FL 34285 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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HARTLEY, MICHAEL	
Address:	101 WEST VENICE AVE., 10	
City-St-Zip:	VENICE, FL 34285	
Title:	DS	( ) Delete
Name:	BRUCE, PATRICIA	
Address:	1222 CAPRI ISLES BLVD	
City-St-Zip:	VENICE, FL 34292	
Title:	D	( ) Delete
Name:	ROBERTS, JANET	
Address:	1283 FLYING BRIDGE LN	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	WALKER, DON	
Address:	222 SOUTHAMPTON LN	
City-St-Zip:	VENICE, FL 34293	
Title:	DT	( ) Delete
Name:	DAVIS, THOMAS	
Address:	999 INLET CIR., A204	
City-St-Zip:	VENICE, FL 34285	
Title:	VPD	( ) Delete
Name:	TRAMMELL, JEAN	
Address:	418 GULF ST.	
City-St-Zip:	VENICE, FL 34285	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. DAVIS DT 01/11/2009

Electronic Signature of Signing Officer or Director — Date