

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003543

FILED  
May 26, 2007  
Secretary of State

Entity Name: EXCELLENT REACH, INC.

**Current Principal Place of Business:**

4465 NW 16TH TERRACE  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

4465 NW 16TH TERRACE  
OAKLAND PARK, FL 33309

**New Mailing Address:**

FEI Number: 56-2346958      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KNUDSEN, VIRGINIA S  
4465 NW 16TH TERRACE  
OAKLAND PARK, FL 33309      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: D      ( ) Delete  
Name: KNUDSEN, VIRGINIA S  
Address: 4465 NW 16TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D      ( ) Delete  
Name: KNUDSEN, DEAN C  
Address: 4465 NW 16TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D      ( ) Delete  
Name: MONTALVO, VIRGINIA  
Address: 4465 NW 16TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D      ( ) Delete  
Name: KNUDSEN, ADAM  
Address: 4465 NW 16TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 33309

**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:

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: DEAN KNUDSEN

D

05/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date