

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2009
Secretary of State**

DOCUMENT# N03000003543

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 ()

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

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date