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May 03, 2006 8:00 am
Secretary of State
05-03-2006 90212 035 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116476

1. Entity Name
EXCEL PEO INC.

40081290

Principal Place of Business
2120 NORTH DIXIE HIGHWAY
BOCA RATON, FL 33431 US

Mailing Address
2120 NORTH DIXIE HIGHWAY
BOCA RATON, FL 33431 US

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
129 NW 13th	129 NW 13th
Suite, Apt. #, etc. #D27	Suite, Apt. #, etc. #D27
City & State BOCA RATON FL	City & State BOCA RATON, FL
Zip 33432 County	Zip 33432 County

4. FEI Number 14-1853196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, DEBORAH B
2120 NORTH DIXIE HIGHWAY
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name Scott, Deborah B
Street Address (P.O. Box Number is Not Acceptable) 129 NW 13th
#D27
City BOCA RATON FL Zip Code 33432

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 Deborah B Scott 4-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D SCOTT, DEBORAH 2120 NORTH DIXIE HIGHWAY BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D SCOTT DEBORAH 129 NW 13th #D27 BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: Deborah B Scott Deborah B Scott 4-25-06 (561)368-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

p.1 817 439 5152 Deborah B. Scott Apr 25 06 03:53p