2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT #-P03000067895 --1. Entity Name 04-19-2004 90257 031 ***158.75 XCEL MARKETING GROUP, INC. Principal Place of Business Mailing Address 10258 VESTAL MANOR 10258 VESTAL MANOR 54036020 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number <u> 200 - 00</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL. YESENIA Street Address (P.O. Box Number is Not Acceptable) 10258 VESTAL MANOR **CORAL SPRINGS FL 33071** Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Addition TITLE ☐ Delete HILL, THOMAS C NAME NAME STREET ADDRESS 10258 VESTAL MANOR STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ecretary ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME esenia 10258 Vestal Manor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FURE AND TYPED OR PRINTED NAME OF SIGNING OPFICER OR DIRECTOR

FILED