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Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90211 006 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000060593

1. Entity Name
EXCELSIOR COMMUNICATIONS SERVICES, INC.

40064171

Principal Place of Business	Mailing Address
236 WHITTIER CIRCLE ORLANDO, FL 32806	236 WHITTIER CIRCLE ORLANDO, FL 32806

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
424 E. CENTRAL BLVD.		424 E. CENTRAL BLVD.	
Suite, Apt. #, etc.: #348		Suite, Apt. #, etc.: #348	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32801	Country: USA	Zip: 32801	Country: USA

4. FEI Number 20-2736912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZITZKA, JR., JOSEPH W
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
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 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REINEKE, DUSTIN	NAME	
STREET ADDRESS	236 WHITTIER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	DP ☐ Change ☒ Addition
NAME		NAME	PACE, GREGG W.
STREET ADDRESS		STREET ADDRESS	424 E. CENTRAL BLVD., #348
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Gregg W. Pace 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GREGG W. PACE, PRESIDENT