

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 OCT 10 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P07000020216**

1. Entity Name  
**XXCELERATE, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>720 ELINOR WAY<br/>SANIBEL, FL 33957 US</b> | Mailing Address<br><b>609 WORCESTER RD<br/>TOWSON, MD 21286 US</b> |
|---|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

09172008 Chg-P CR2E034 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-8445388</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
|---|--|

**6. Name and Address of Current Registered Agent**

**BEAUCHAMP, JAMES**  
720 ELINOR WAY  
SANIBEL, FL 33957

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>BEAUCHAMP, JAMES<br>720 ELINOR WAY<br>SANIBEL, FL 33957 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP S<br>BEAUCHAMP, TERESE<br>609 WORCESTER RD<br>TOWSON, MD 21286 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 800136820898 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10/10/08--01042--001 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition              |

REINSTATEMENT

2008  
98

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: *James Beauchamp* 09-20-2008 443-791-1250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #