


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90351 034 ***150.00

DOCUMENT # P94000024949

1. Entity Name
EXCEL CONSULTING AND MANAGEMENT SERVICES, INC.



Principal Place of Business 8400 N UNIVERSITY DR SUITE 109 TAMARAC, FL 33321 US	Mailing Address 8400 N UNIVERSITY DR SUITE 109 TAMARAC, FL 33321 US
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2. Principal Place of Business 2300 Glades Road Suite, Apt. #, etc. Suite #360W	3. Mailing Address 2300 Glades Road Suite, Apt. #, etc. Suite #360W
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431	Country USA



01122006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0480787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHREIBER, BRUCE L 8400 N UNIVERSITY DR TAMARAC, FL 33321	7. Name and Address of New Registered Agent Name Bruce Schreiber Street Address (R.O. Box Number is Not Acceptable) 2300 Glades Road Suite #360 W City Boca Raton FL Zip Code 33431
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHREIBER, BRUCE 8400 N UNIVERSITY DR TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD schreiber bruce 2300 glades road #360w Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHREIBER, SHERRI 8400 N UNIVERSITY DRIVE TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD schreiber sherrri 2300 glades road #360w Boca Raton FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bruce Schreiber Bruce Schreiber President 4/14/06 501.353.1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #