

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V31599

FILED
Apr 27, 2009
Secretary of State

Entity Name: EXCALIBUR ELECTRONICS, INC.

Current Principal Place of Business:

13755 SW 119TH AVENUE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13755 SW 119TH AVENUE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0331527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMOLE, MYRON M.
9700 S DIXIE HWY
SUITE 1030
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMOLE, SHANE
Address: 13755 SW 119TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: S (X) Delete
Name: SCHNEIDER, WERNER
Address: 13755 SW 119 AVE
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: CATENA, MICHAEL
Address: 13755 SW 119TH AVE
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: MAYER, DAVID
Address: 13755 SW 119TH AVE
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: STEPEHENS, JAMES
Address: 13755 SW 119TH AVE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CHALUB, MICHAEL
Address: 13755 SW 119TH AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: SAMOLE, SHANE
Address: 13755 SW 119TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANE SAMOLE

PDS

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date