


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90249 023 \*\*\*150.00

<b>DOCUMENT # F02000000420</b>	
1. Entity Name <b>XCELLENTEVENTS, INC.</b>	

Principal Place of Business <b>1435 HILL PLACE ATLANTA, GA 30318</b>	Mailing Address <b>1435 HILL PLACE ATLANTA, GA 30318</b>
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**20040078**

2. Principal Place of Business <b>870 Northside Drive</b>	3. Mailing Address <b>870 Northside Drive</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>
City & State <b>ATLANTA, GA</b>	City & State <b>ATLANTA, GA</b>
Zip <b>30318</b>	Zip <b>30318</b>
Country <b>USA</b>	Country <b>USA</b>

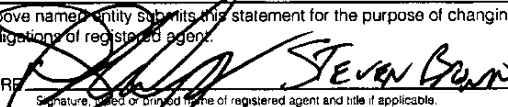
04182005 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-2589333</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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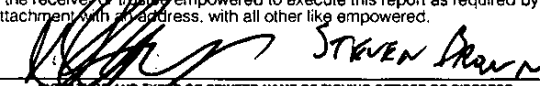
7. Name and Address of New Registered Agent	
Name <b>STEVEN BROWN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>870 Northside Drive</b>	
Suite, Apt. #, etc. <b>Suite 200</b>	
City <b>ATLANTA</b>	State <b>FL</b>
Zip Code <b>30318</b>	

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 <b>4/18/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DEFEO, TERRY</b>	
STREET ADDRESS <b>1435 HILL PLACE</b>	
CITY-ST-ZIP <b>ATLANTA, GA 30318</b>	
TITLE <b>VTD</b>	<input type="checkbox"/> Delete
NAME <b>ROSENQUIST, JOHN W</b>	
STREET ADDRESS <b>1435 HILL PLACE</b>	
CITY-ST-ZIP <b>ATLANTA, GA 30318</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>BROWN, STEPHEN</b>	
STREET ADDRESS <b>1435 HILL PLACE</b>	
CITY-ST-ZIP <b>ATLANTA, GA 30318</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PROCTOR, JIM</b>	
STREET ADDRESS <b>1435 HILL PLACE</b>	
CITY-ST-ZIP <b>ATLANTA, GA 30318</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SPEROS, HARRY</b>	
STREET ADDRESS <b>1435 HILL PLACE</b>	
CITY-ST-ZIP <b>ATLANTA, GA 30318</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>870 Northside Drive</b>	
CITY-ST-ZIP <b>Suite 200</b>	
CITY-ST-ZIP <b>ATLANTA, GA 30318</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby 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 supplement 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: 	DATE <b>4/18/05</b>
DAYTIME PHONE # <b>407-691-5706</b>	