

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48096

FILED
Apr 29, 2009
Secretary of State

Entity Name: EXCEL GROUP INTERNATIONL, INC.

Current Principal Place of Business:

15310 NATURE'S PT LN
WELLINGTON, FL 33414 US

New Principal Place of Business:

15310 NATURES PT LN
WELLINGTON, FL 33414 US

Current Mailing Address:

4 COVENTRY WOODS DR.
ARDEN, NC 28704 US

New Mailing Address:

FEI Number: 59-2736288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, GREGORY C.
15310 NATURE'S PT LN
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SCHMIDT, GREGORY C
15310 NATURES PT LN
WELLINGTON, FL 33414 US

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: GREGORY C SCHMIDT

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SCHMIDT, GREGORY C.
Address: 15310 NATURE'S PT LN
City-St-Zip: WELLINGTON, FL 33414

Title: CFOD () Delete
Name: RORKE, THOMAS J
Address: 1865 BRICKELL AVE. A-1713
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: SANTORO, MICHELE
Address: 6109 LEIBLY AVE
City-St-Zip: BURNABY, BC CANADA, V5EE37

Title: VD () Delete
Name: USLAR-PIETRI, EVELYN S
Address: 1420 BRICKELL BAY DR #503
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SCHMIDT, GREGORY C.
Address: 15310 NATURES PT LN
City-St-Zip: WELLINGTON, FL 33414

Title: CFOD (X) Change () Addition
Name: RORKE, THOMAS J
Address: 1451 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33305

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: GREGORY C SCHMIDT

PSD

04/29/2009

Electronic Signature of Signing Officer or Director

Date