# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2006**
**Secretary of State**

DOCUMENT# N03000008509

**Entity Name:** EXCEL CHARITIES GROUP, INC.

**Current Principal Place of Business:**

505 SOUTH FLAGER DRIVE STE 1100
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

3350 SW 148TH AVE
SUITE 110
MIRAMAR, FL 33027

**Current Mailing Address:**

3350 SW 148TH AVE
SUITE 110
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number: 20-0314868** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

WHITEHEAD, PATRICK M ESQ
505 SOUTH FLAGER DRIVE STE 1100
WEST PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: WILLIAMS, ALBERT C
Address: 6426 LESLIE STREET
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: ANDERSON, ROBERT
Address: 3705 SOUTH FLAGLER DRIVE #33
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PSTD ( ) Delete
Name: BISHOP, ALISTAIR
Address: 9788 NW 29TH STREET
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISTAIR BISHOP PTSD 05/02/2006

Electronic Signature of Signing Officer or Director — Date