2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004810

FILED Mar 10, 2009 Secretary of State

Entity Name: XCEL WEDDING CHAPEL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

99 NW 183RD ST., STE. 241 99 NW 183RD ST., MIAMI, FL 33169 STE 241E

MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

2933 NW 49TH ST MIAMI, FL 33142

FEI Number: 61-1470502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GILBERT, KAREN 2933 NW 49TH ST MIAMI, FL 33142 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

JOHNSON, TALLULAH JOHNSON, TALLULAH Name: Name: Address: 2933 NW 49TH ST Address: 1773 NORTH WEST 74TH STREET

City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33142

Title: Title: (X) Change () Addition () Delete

JOHNSON, ALVENA Name: Name: JOHNSON, ALVENA

Address: 2933 N.W. 49TH STREET Address: 445 NORTH EAST 94TH STREET

City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33138

Title: () Delete Title: () Change () Addition

GILBERT, KAREN Name: Name: 2933 NW 49TH ST Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: YOUNG, LINDA G. Name: Address: 14135 NORTH MIAMI AVE. Address: City-St-Zip: MIAMI, FL 33168 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN E. GILBERT **PRES** 03/10/2009