2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37705

Entity Name: EXCELSIS CENTER, INC.

FILED Apr 15, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

455 S. ORANGE AVENUE 7TH FLOOR ORLANDO, FL 32801

New Mailing Address: Current Mailing Address:

P.O. BOX 4920 C/O PATTY ROBINSON ORLANDO, FL 32802 US

FEI Number: 59-3017023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHITLOCK, LUDER DR 1231 REFORMATION DR OVIEDO, FL 32765

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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

ORLANDO, FL 32801

() Delete SENEFF, JAMES M., Name: SENEFF, JAMES M Name: 450 S ORANGE AVENUE Address: 450 S ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: Title: DSAC (X) Change () Addition () Delete VEERMAN, RALPH D., Name: VEERMAN, RALPH D Name: Address: 450 S ORANGE AVENUE Address: 450 S ORANGE AVENUE City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: () Delete Title: (X) Change () Addition HOSTETTER, G. RICHAR, D Name: HOSTETTER, RICHARD G Name: 512 E WASHINGTON ST STE 100 512 E WASHINGTON ST STE 100 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: () Delete Title: (X) Change () Addition Name: WHITLOCK, LUDER, Name: WHITLOCK, LUDER G JR. 1231 REFORMATION DRIVE 1231 REFORMATION DRIVE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: PC00 () Change (X) Addition HUTCHISON, THOMAS J III Name: Name: 450 SOUTH ORANGE AVENUE Address: Address:

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

KLAASSEN, PAUL J Name: Name: Address: Address: 7902 WESTPARK DRIVE MCLEAN, VA 22102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: JAMES M. SENEFF DCCE 04/15/2005