
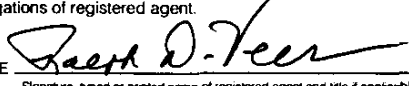
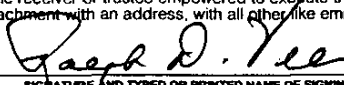


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 005 ****61.25

DOCUMENT # N37705 1. Entity Name EXCELSIS CENTER, INC.					
Principal Place of Business 455 S. ORANGE AVENUE SUITE 200 ORLANDO, FL 32801 US			Mailing Address P.O. BOX 4920 ORLANDO, FL 32802 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3017023 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02192007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WHITLOCK, LUDER G DR 455 S ORANGE AVE STE 200 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name RALPH D. YEERMAN Street Address (P.O. Box Number is Not Acceptable) 455 S. ORANGE AVE. STE. 200 City FL Zip Code ORLANDO 32801		
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 		PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENEFF, JAMES M MR 450 S ORANGE AVENUE ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEERMAN, RALPH D MR 455 S ORANGE AVENUE, STE 200 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSTETTER, RICHARD G MR 1415 WEST CHESTER AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLOCK, LUDER G DR 455 S ORANGE AVE, STE 200 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHISON, THOMAS J MR 420 S ORANGE AVE, STE 700 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAASSEN, PAUL J MR 7902 WESTPARK DR MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		3/9/07 (407) 650-1236 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					