

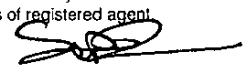
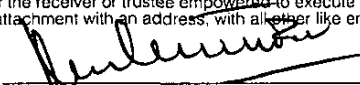


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000030259 1. Entity Name EXCALIBUR 2000, INC.						FILED 06 FEB 22 PM 12:02 				
Principal Place of Business 31 OCEAN REEF DRIVE, #C-302 KEY LARGO, FL 33037				Mailing Address 31 OCEAN REEF DRIVE, #C-302 KEY LARGO, FL 33037						
2. Principal Place of Business		3. Mailing Address		02032006		Chg-P		CR2E034 (11/05)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0999015		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
Zip		Country		Zip		Country				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
BURKE, MITA M 31 OCEAN REEF DRIVE, #C-302 KEY LARGO, FL 33037					Name Samuel A. Persaud, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 N. Krome Avenue Suite 200 City Homestead FL Zip Code 33030					
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					DATE 2-6-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MITA M 31 OCEAN REEF DRIVE, #C-302 KEY LARGO, FL 33037 <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	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	400066492364 02/23/06--01014--001 **1111.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date 2/6/06					Daytime Phone #