


**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000072622 1. Entity Name EXEL ENTERPRISES, INC.	
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Principal Place of Business 5621 N.W. 8TH STREET MARGATE, FL 33063	Mailing Address 7765 YARDLEY DR. E-115 TAMARAC, FL 33321
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03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0550072	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LATCHMAN, PETER S 7765 YARDLEY DR. E-115 TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

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 <u>Peter S Latchman Pres.</u> <u>Peter S Latchman</u> <u>3/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LATCHMAN, PETER S 7765 YARDLEY DR. E-115 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LATCHMAN, MARY P 7765 YARDLEY DR. E-115 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000699486 04/19/07-80044-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Peter S Latchman Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>03/07/07</u> <u>954 975-7599</u> <small>Date Daytime Phone</small>