2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90242 034 ***158.75

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1. Entity Name
XCITEMENT PRINTS "CLUB" NETWORK INC.

Principal Place of Business	Mailing Address
750 PLAZA SUITES S. ORANGE BLOSSOM TRAIL # 123 ORLANDO, FL 32805	750 PLAZA SUITES S. ORANGE BLOSSOM TRAIL #123 ORLANDO, FL 32805

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0428327
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THORNTON, DOROTHY P OWNER
750 PLAZA SUITES S. ORANGE BLOSSOM TRAIL
#-123
ORLANDO, FL 32805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	THORNTON, DOROTHY
STREET ADDRESS	300 N. LAKELAND AVE.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S
NAME	ST. LOUIS, YOLANDA
STREET ADDRESS	25 COTTAGE HILL RD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Dorothy Thornton 4-29-06 407-849-5004
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #