## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

4-26-06 2045456 Date Dayume Phone #

DOCUMENT # P02000075856  1. Entity Name XCEL ENTERPRISES U INC.					05-01-2006 90410 030 ***150.00			
Principal Place of Business 1225 WEST BEAVER STREET SUITE 105 JACKSONVILLE, FL 32204		Mailing Address 1225 WEST BEAVER STREET SUITE 105 JACKSONVILLE, FL 32204						
2. Principal Place of Business 3501 TownSend Blyd		3. Mailing Address 3.501 Taursend BlVd						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-P	CR2E034 (11/05)		
City & State  JACKSON VILLE, FL		City & State JMCKSONVIlle, FL		4. FEI Numbe 01-0737		——————————————————————————————————————	olied For Applicable	
32277 Country		325-77 Country US		,	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New R	egistered Agent		
BRINKLEY, FRANK JR 11652 HARTS ROAD JACKSONVILLE, FL 32218  Name Street Address					r is Not Acceptable	ith A Apt 1	<b>L</b> S	
			City	acksonville	<del></del>	FL Zip Goge	257	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. 🕡	OFFICERS AND D		11.		CHANGES TO OFF	ICERS AND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, SHIRLEY A MRS. 10535 LEM TURNER ROAD APT JACKSONVILLE, FL 32218	Delete 215	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIRIEY D. 3501 TOWNS JACKSON VI	ALLEN Serd Blvd	□ Change #179 .32277	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINKLEY, FRANK JR 11652 HARTS ROAD JACKSONVILLE, FL 32218	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ON CRESON VI	110 <sub>1</sub> 1 C	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMEIKQUA, GREENE MRS. 6630 BURPEE DRIVE S. JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 receipt or truetge empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if								