

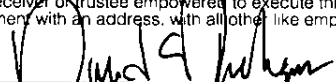


**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000088954</b>				<b>Secretary of State</b>		
1. Entity Name <b>XCELLESOFT, INC.</b>						
Principal Place of Business <b>11110 W. OAKLAND PARK BLVD. #212 SUNRISE, FL 33351</b>		Mailing Address <b>11110 W. OAKLAND PARK BLVD. #212 SUNRISE, FL 33351</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
		04032008    No Chg-P    CR2E034 (11/05)				
		4. FEI Number <b>74-3062277</b>		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>JOHNSON, DAVID E 11110 W. OAKLAND PARK BLVD. SUITE 212 SUNRISE, FL 33351</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE <b>05/05/08-80035-022 158.75</b>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE	D					
NAME	JOHNSON, DAVID E					
STREET ADDRESS	11110 W. OAKLAND PARK BLVD. #212					
CITY- ST- ZIP	SUNRISE, FL 33351					
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:  <b>DAVID E. JOHNSON</b>		Date: <b>4/10/2008</b>		Daytime Phone: <b>954-602-9312</b>		