2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000107771

FILED Sep 15, 2006 Secretary of State

Entity Name: THE EXCALIBER INSURANCE AGENCY & SERVICES INC.

New Principal Place of Business: Current Principal Place of Business:

123 N. CONGRESS AVE., SUITE 191 BOYNTON BCH, FL 33426

Current Mailing Address: New Mailing Address:

123 N. CONGRESS AVE., SUITE 191 BOYNTON BCH, FL 33426

FEI Number: 68-0526502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, MARC I ABRAHAM, DAYAN 1160 S. ROGERS CIRCLE 123 N. CONGRESS AVE. SUITE 191 SUITE 2 BOCA RATON, FL 33487 US BOYNTON BEACH, FL 33426 US

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.

SIGNATURE: DAYAN ABRAHAM 09/15/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

ABRAHAM, DAYAN Name: Name: 123 N. CONGRESS AVE., SUITE 191 Address: City-St-Zip: BOYNTON BCH, FL 33426 City-St-Zip:

Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAYAN ABRAHAM PD 09/15/2006

Electronic Signature of Signing Officer or Director

Date