



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90168 008 ***150.00

DOCUMENT # P04000014797 1. Entity Name RONALD EXCELLENT, INC.					
Principal Place of Business 1647 SEMORAN N CIRCLE 101 WINTER PARK, FL 32792 US			Mailing Address 1647 SEMORAN N CIRCLE 101 WINTER PARK, FL 32792 US		
2. Principal Place of Business 5624 Garden Grove Circle Suite, Apt. #, etc.		3. Mailing Address 5624 Garden Grove Circle Suite, Apt. #, etc.			
City & State Winter Park Fl. Zip 32792 Country Seminole		City & State Winter Park Fl. Zip 32792 Country Seminole		4. FEI Number 57-1196394 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent EXCELLENT, ROBERT 1647 SEMORAN N CIRCLE #101 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Excellent Ronald Street Address (P.O. Box Number is Not Acceptable) 5624 Garden Grove Circle City Winter Park FL Zip Code 32792		
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>Ronald Excellent</u> <u>RONALD EXCELLENT</u> <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXCELLENT, ROBERT 1647 SEMORAN N CIRCLE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Excellent Ronald 5624 Garden Grove Circle Winter Park Fl. 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Ronald Excellent</u> <u>RONALD EXCELLENT</u> <u>4/27/06</u> <u>407 599 8374</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					