


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000065467 1. Entity Name PLAYER'S CLUB EXCEL, INC.	
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Principal Place of Business 865 FRANCIS ST ALTAMONTE SPRINGS, FL 32701	Mailing Address 865 FRANCIS ST ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE



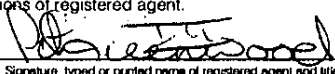
08102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1754580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENWOOD, PETE H III 865 FRANCIS ST ALTAMONTE SPRINGS, FL 32701
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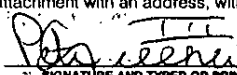
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	Pete Greenwood <small>(NOTE: Registered Agent signature required when reinstating)</small>	U00000575853 09/01/06-80002-0190900 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENWOOD, PETE H III 865 FRANCIS ST ALTAMONTE SPRINGS, FL 32701
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Pete Greenwood	08/20/06 407-448-3374 <small>Date Daytime Phone #</small>