

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055296

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: EXCELSIOR FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

750 E SAMPLE RD BLD 2 STE 205  
POMPANO BCH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

750 E SAMPLE RD BLD 2 STE 205  
POMPANO BCH, FL 33064

## New Mailing Address:

FEI Number: 20-2682786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ETIENNE, DAVID  
Address: 750 E SAMPLE RD BLD 2 STE 205  
City-St-Zip: POMPANO BCH, FL 33064

Title: V ( ) Delete  
Name: ETIENNE, PIERRE  
Address: 750 E SAMPLE RD BLD 2 STE 205  
City-St-Zip: POMPANO BCH, FL 33064

Title: S ( ) Delete  
Name: MAITRE, ANGIE  
Address: 161 NE 30TH CT  
City-St-Zip: POMPANO BCH, FL 33064

Title: T ( ) Delete  
Name: ETIENNE, JEAN  
Address: 161 NE 30TH CT  
City-St-Zip: POMPANO BCH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID ETIENNE

P

07/07/2006

Electronic Signature of Signing Officer or Director

Date