2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 06, 2007 8:00 am Secretary of State 04-06-2007 90041 014 ***150.00 DOCUMENT # P06000092203 EXCEL RECRUITING, INC. 40026600 Principal Place of Business Mailing Address 4767 NEW BROAD STREET, SUITE #1034 4767 NEW BROAD STREET, SUITE #1034 ORLANDO, FL 32814 ORLANDO, FL 32814 2. Principal Place of Business - No P.O. Box # 1483 Lake Baldwin Lane Mailing Address 1483 Lake Ballwin Cane Suite, Apt. #, etc. 03302007 CR2E034 (12/06) Applied For 4. FEI Number 20-5254700 Not Applicable \$8.75 Additional 5. Certificate of Status Desired usa usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEAVER, JAY Street Address (P.O. Box Number is Not Acceptable) 3414 STERLING LAKE CIRCLE **OVIEDO, FL 32765** City Zip Code 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 egyptered agent. 3-30-2007 SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D P-D TITLE TITLE ☐ Delete Change Addition PICCINI, MARK PICCINI, MARK NAME NAME 4300 corrine Drive STREET ADDRESS 6645 BRIDLEWOOD WAY STREET ADDRESS CITY-ST-ZIP SUWANEE, GA 30024 CITY-S1-ZIP Orlando, FL 32814 VP/T VP-T TITLE TITLE Delete (Change ☐ Addition Piccini, mark NAME PICCINI, MARK NAME 4300 corrine Drive 6645 BRIDLEWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUWANEE, GA 30024 CITY-ST-ZIP orlando, FL 32814 ☐ Delete TITLE ☐ Addition PICCINI, MARK piccini, MARK NAME NAME 4300 corrive Drive STREET ADDRESS 6645 BRIDLEWOOD WAY STREET ADDRESS CITY-ST-ZIP SUWANEE, GA 30024 CITY - ST - ZIP Orlando, FL 32814 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oeth; that I am an officer or director of the corporation or the receiver or trusted 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3-30-2007

293-3332