2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19198

Entity Name: EXCAL ENTERPRISES, INC.

FILED Apr 24, 2006 Secretary of State

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

3502 HENDERSON BLVD. 4302 HENDERSON BOULEVARD

SUITE 113

STE. 201 TAMPA, FL 33609 TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

3502 HENDERSON BLVD. 4302 HENDERSON BOULEVARD STE. 201

SUITE 113 TAMPA, FL 33609 TAMPA, FL 33629

FEI Number: 59-2855398 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:

WEBB, W. CAREY WEBB, W. CAREY

3502 HENDERSON BLVD. 4302 HENDERSON BOULEVARD

STE. 201 SUITE 113

TAMPA, FL 33609 US TAMPA, FL 33629 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: W. CAREY WEBB 04/24/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

NEWTON, R. PARK, III, NEWTON, R. PARK, III, Name: Name:

3502 HENDERSON BLVD., STE. 201 4302 HENDERSON BLVD., SUITE 113 Address: Address:

TAMPA, FL 33609 City-St-Zip: City-St-Zip: TAMPA, FL 33629

Title: Title: () Delete (X) Change () Addition

Name: WEBB, W. CAREY. Name: WEBB. W. CAREY.

3502 HENDERSON BLVD., STE. 201 ONE IMESON PARK BLVD., BLDG. 100 Address: Address:

TAMPA, FL 33609 JACKSONVILLE, FL 32218 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

CASKEY, JOHN L. Name: Name: P.O. BOX 18682 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition

NEWTON, ARIS NEWTON, ARIS Name: Name:

Address: 3502 HENDERSON BLVD., STE. 201 Address: 4302 HENDERSON BLVD., SUITE 113

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33629

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: R. PARK NEWTON, III CD 04/24/2006