2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19198

Entity Name: EXCAL ENTERPRISES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4302 HENDERSON BOULEVARD 301 WEST PLATT STREET

SUITE 113 SUITE 321

TAMPA, FL 33629 TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

4302 HENDERSON BOULEVARD 301 WEST PLATT STREET

SUITE 113 SUITE 321

TAMPA, FL 33629 TAMPA, FL 33606

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

4302 HENDERSON BOULEVARD

4302 HENDERSON BOULEVARD

SUITE 113

TAMPA, FL 33629 US

301 WEST PLATT STREET
SUITE 321
TAMPA, FL 33606 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Address: 4302 HENDERSON BLVD., SUITE 113 Address: 301 WEST PLATT STREET, SUITE 321

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33606

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

 Name:
 WEBB, W. CAREY,
 Name:

 Address:
 ONE IMESON PARK BLVD., BLDG. 100
 Address:

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

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

 Name:
 CASKEY, JOHN L.
 Name:

 Address:
 P.O. BOX 18682
 Address:

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

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

Name: NEWTON, ARIS Name: NEWTON, ARIS

Address: 4302 HENDERSON BLVD., SUITE 113 Address: 301 WEST PLATT STREET, SUITE 321

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify 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 CD 04/30/2008