2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P20012

Entity Name: EXCEL DECORATORS, INC.

Current Principal Place of Business:

2901 TITAN ROW, STE 102-B
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42345
INDIANAPOLIS, IN 46242

New Mailing Address:

FEI Number: 35-1134437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, DAVID L
2625 S. ATLANTIC AVE., #20SE
DAYTONA BEACH, FL 32118 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELLIOTT, DAVID,
Address: P.O. BOX 42345
City-St-Zip: INDIANAPOLIS, IN 46242

Title: S ( ) Delete
Name: SCHLLING, ROBIN
Address: P.O. BOX 42345
City-St-Zip: INDIANAPOLIS, IN 46242

Title: T ( ) Delete
Name: SCHILLING, JACQUELINE
Address: 5910 BENTON LANE
City-St-Zip: MARTINSVILLE, IN 46151

Title: VHR ( ) Delete
Name: PIERCE, TIMOTHY
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 46242

Title: VCS ( ) Delete
Name: WINSCOTT, SONJA E
Address: PO BOX 42345
City-St-Zip: INDIANNAPOILIS, IN 46242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: SCHILLING, JACQUELINE
Address: 3347 E VERNON DRIVE
City-St-Zip: MOORESVILLE, IN 46158

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

Title: VCS (X) Change ( ) Addition
Name: WINSCOTT, SONJA E
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 46242

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 L ELLIOTT PRES 04/27/2005

Electronic Signature of Signing Officer or Director — Date