2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P34564

Entity Name: EXCEL CONVENTION SERVICES INCORPORATED

Current Principal Place of Business:

7474 BROKERAGE DR.
ORLANDO, FL 32809 US

New Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 42345
INDIANAPOLIS, IN 462420345 US

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: T ( ) Delete
Name: SCHILLING, JACQUELIN, E
Address: 5910 BENTON LANE
City-St-Zip: MARTINSVILLE, IN

Title: P ( ) Delete
Name: ELLIOT, DAVID
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

Title: S ( ) Delete
Name: SCHILLING, ROBIN
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

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

Title: V ( ) Delete
Name: WINSCOTT, SONJA
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, 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: ( ) 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 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: SONJA E WINSCOTT VP 04/13/2004

Electronic Signature of Signing Officer or Director — Date