
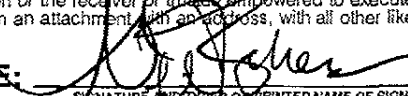


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # P93000010494</b><br>1. Entity Name<br><b>EXCEL REAL ESTATE SERVICES, INC.</b>   |   |                                 |  |   |  |
| Principal Place of Business<br><b>2375 TAMiami TR N<br/>SUITE 206<br/>NAPLES FL 34103<br/>US</b>  |   |                                 | Mailing Address<br><b>2375 TAMiami TR N<br/>SUITE 206<br/>NAPLES FL 34103<br/>US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc   |  |  |
| City & State  |   |                                 | City & State   |  |  |
| Zip   |   | Country                         |  | Zip  |  |
| Country   |   | Country                         |  | 4. FEI Number <b>65-0393450</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |                                 |  | 1st MOORE CR2E034 (10/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHERER, WILLIAM G<br/>2375 TAMiami TR N<br/>SUITE 206<br/>NAPLES FL 34103</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 registered agent.   |   |                                 |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees               |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PSTD<br>SCHERER, WILLIAM<br>2375 TAMiami TRAIL NORTH SUITE 206<br>NAPLES FL | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MO<br>SCHERER, WILLIAM G<br>2375 TAMiami TR N STE 206<br>NAPLES FL          | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered. |   |                                 |  |  |  |
| SIGNATURE:  <b>WILLIAM G. SCHERER</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                 |  |  |  |



1st MOORE CR2E034 (10/06)

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04/04/07-80049-005 158.75

3/21/07 (239)  
263-1990  
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