2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058388

City-St-Zip:

JUPITER, FL 33458 US

FILED Jul 21, 2008 Secretary of State

Entity Nai	me: E.X.P. II, INC.	
Current P	rincipal Place of Business:	New Principal Place of Business:
6667 WHI WEST PA	TE DRIVE LM BEACH, FL 334071209 US	626 MASTERS WAY PALM BEACH GARDENS, FL 33418 US
Current Mailing Address:		New Mailing Address:
4209 S DI WEST PA	XIE HWY LM BEACH, FL 33405 US	P.O. BOX 11685 RIVIERA BEACH, FL 33419 US
FEI Number	: 65-0431018 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:
MAGNUSON, SVEN E 4209 S DIXIE HWY WEST PALM BEACH, FL 33405 US		MAGNUSON, SVEN E 626 MASTERS WAY PALM BEACH GARDENS, FL 33418 US
The above	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE: SVEN E. MAGNUSON		07/21/2008
	Electronic Signature of Registered Ag	gent Date
	ce with s. 607.193(2)(b), F.S., the corporation did r	not receive the prior notice.
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete MAGNUSON, SVEN E OWNER/P 626 MASTERS WAY PALM BEACH GARDENS, FL 33418 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	ST () Delete GREEN, MARCI M SEC/TRE 1312 RAINTREE LN WELLINGTON, FL 334148668 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	VP () Delete MAGNUSON, SVEN E VP/OPMG 6357 POMPANO ST	Title: () Change () Addition Name: Address:

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.

City-St-Zip:

SIGNATURE: SVEN E. MAGNUSON 07/21/2008 D