2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090201

Entity Name: EXCELSA GARDENS, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12839 25 ST NORTH LOXAHATCHEE, FL 33470

Current Mailing Address: New Mailing Address:

12839 25 ST NORTH LOXAHATCHEE, FL 33470

FEI Number: 65-0534474 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:

FRIEDRICH, SUSAN R 12839 25 ST NORTH LOXAHATCHEE, FL 33470 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.

iii tile State of Florida.

Address:

City-St-Zip:

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FRIEDRICH, MARK A FRIEDRICH, SUSAN R Name: Name: 12839 25 ST NORTH 12839 25 ST NORTH Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 US City-St-Zip: LOXAHATCHEE, FL 33470 US

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

 Name:
 SUSAN R. FRIEDRICH,
 Name:
 FRIEDRICH, MARK A

 Address:
 12839 25TH NORTH
 Address:
 12839 25TH ST NORTH

 City-St-Zip:
 LOXAHATCHEE, FL 33470 US
 City-St-Zip:
 LOXAHATCHEE, FL 33470 US

Title: O () Delete Title: ST (X) Change () Addition

 Name:
 FRIEDRICH, COLIN A
 Name:
 FRIEDRICH, COLIN A

 Address:
 12839 25TH ST N
 Address:
 12839 25TH ST N

City-St-Zip: LOXAHATCHEE, FL 33470 US City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: O () Delete Title: () Change () Addition
Name: FRIEDRICH. BRIDGET S Name:

FRIEDRICH, BRIDGET S

12839 25TH ST N

LOXAHATCHEE, FL 33470 US

Name:

Address:

City-St-Zip:

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: SUSAN R FRIEDRICH PD 04/07/2009