


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028126
 1. Entity Name
EXCEPTIONAL, INC.



Principal Place of Business Mailing Address
 1795 OPA-LOCKA BLVD -1795 OPA-LOCKA BLVD
 OPA-LOCKA, FL 33054 OPA-LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0573805 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BARNETT, BARRINGTON
 1795 OPA-LOCKA BLVD
 OPA-LOCKA, FL 33054

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2008

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD BARNETT, BARRINGTON 6752 CAMELLIA DRIVE MIRAMAR, FL 33023 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: BARRINGTON BARNETT *[Signature]* 5/15/06 (305-687-5600)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #