

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P96000021012 1. Entity Name EXCEL MORTGAGE NETWORK, INC.	
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Principal Place of Business 3413 E FRONTAGE ROAD TAMPA, FL 33607	Mailing Address 3413 E FRONTAGE ROAD TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3364259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLS, FREDERICK J MORRISON & MILLS 1200 W PLATT ST STE 100 TAMPA, FL 33606

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

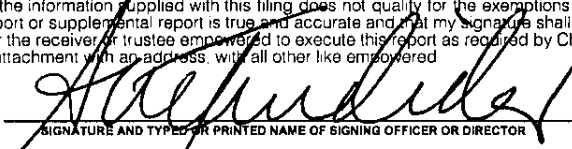
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PALMER, JUDY 3413 E. FRONTAGE ROAD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUNDIDOR, ARMANDO M 3413 E. FRONTAGE ROAD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFARO, JAMES 3413 E. FRONTAGE ROAD TAMPA, FL 33607
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05/03/07-80008-006 150.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 813-254-1696
Date Daytime Phone #