
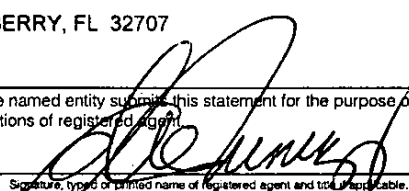
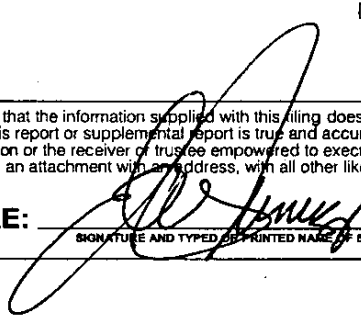


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90018 043 \*\*\*150.00

<b>DOCUMENT # P97000010173</b>					
<b>1. Entity Name</b> E.D.C./EXCELSIOR DEVELOPMENT COMPANY					
<b>Principal Place of Business</b> 2009 LONGWOOD-LAKE MARY ROAD SUITE 1015 LONGWOOD, FL 32750			<b>Mailing Address</b> 2009 LONGWOOD-LAKE MARY ROAD SUITE 1015 LONGWOOD, FL 32750		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3428055	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BIRD, ROBERT W 1211 STATE RD. 436 STE. 111 CASSELBERRY, FL 32707			<b>7. Name and Address of New Registered Agent</b> Name: <b>E LEE MUNIZZI</b> Street Address (P.O. Box Number is Not Acceptable): <b>2009 LONGWOOD-LAKE MARY ROAD</b> <b>SUITE 1015</b> City: <b>LONGWOOD</b> <b>FL</b> Zip Code: <b>32750-3512</b>		
<b>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.</b> SIGNATURE:  <b>E LEE MUNIZZI, PRESIDENT</b> <b>March 17, 2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> MUNIZZI, AMY K <b>STREET ADDRESS</b> 207 N. MOSS ROAD SUITE 201 <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 2009 LONGWOOD-LAKE MARY RD #1015 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32750-3512				
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> MUNIZZI, LEE <b>STREET ADDRESS</b> 120 INTERNATIONAL PKWY #220 <b>CITY-ST-ZIP</b> HEATHROW, FL 32746	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 2009 LONGWOOD-LAKE MARY RD #1015 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32750-3512				
<b>TITLE</b> VP <input type="checkbox"/> Delete <b>NAME</b> MUNIZZI, AMY <b>STREET ADDRESS</b> 120 INTERNATIONAL PKWY #220 <b>CITY-ST-ZIP</b> HEATHROW, FL 32746	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 2009 LONGWOOD-LAKE MARY RD #1015 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32750-3512				
<b>TITLE</b> VP <input type="checkbox"/> Delete <b>NAME</b> MUNIZZI, JOHN <b>STREET ADDRESS</b> 120 INTERNATIONAL PKWY #220 <b>CITY-ST-ZIP</b> HEATHROW, FL 32746	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 2009 LONGWOOD-LAKE MARY RD #1015 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32750-3512				
<b>TITLE</b> ST <input type="checkbox"/> Delete <b>NAME</b> MUNIZZI, LEE <b>STREET ADDRESS</b> 120 INTERNATIONAL PKWY #220 <b>CITY-ST-ZIP</b> HEATHROW, FL 32746	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 2009 LONGWOOD-LAKE MARY RD #1015 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32750-3512				
<b>TITLE</b>  <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				
<b>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.</b>					
<b>SIGNATURE:</b>  <b>E LEE MUNIZZI</b> <b>March 17, 2006</b> <b>407-771-4442</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					