

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059065

Entity Name: XCELICOR, INC.

FILED
Feb 08, 2005
Secretary of State

Current Principal Place of Business:

5421 BEAUMONT CENTER BLVD.
SUITE 680
TAMPA, FL 33634

Current Mailing Address:

5421 BEAUMONT CENTER BLVD.
SUITE 680
TAMPA, FL 33634

New Principal Place of Business:

5421 BEAUMONT CENTER BLVD.
SUITE 615
TAMPA, FL 33634

New Mailing Address:

5421 BEAUMONT CENTER BLVD.
SUITE 615
TAMPA, FL 33634

FEI Number: 59-3455430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHARD, PAUL BRYAN
5421 BEAUMONT CENTER BLVD.
SUITE 680
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SUTHARD, PAUL BRYAN
5421 BEAUMONT CENTER BLVD.
SUITE 615
TAMPA, FL 33634 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.

SIGNATURE:

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SUTHARD, PAUL
Address: 16502 OFFENHAUR ROAD
City-St-Zip: ODESSA, FL 33556 US

Title: DVP () Delete
Name: COPPOLA, ROBERT
Address: 670 ISLAND WAY #801
City-St-Zip: CLEARWATER, FL 33767

Title: DVPS () Delete
Name: SILVERSTEIN, MARK
Address: 1704 STILLWATER CIRCLE
City-St-Zip: BRENTWOOD, TN 37027

Title: DVP () Delete
Name: ZOU, JIAN
Address: 3216 TOLMAS DRIVE
City-St-Zip: METAIRIE, LA 70002 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: ZOU, JIAN
Address: 4459 SOUTH MEADOW COURT
City-St-Zip: ELLICOTT CITY, MD 21042 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL BRYAN SUTHARD

DP

02/08/2005

Electronic Signature of Signing Officer or Director

Date