## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000059065

BRENTWOOD, TN 37027

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4459 SOUTH MEADOW COURT

ELLICOTT CITY, MD 21042 US

DVP

ZOU, JIAN

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Apr 24, 2006 Secretary of State

Entity Name: XCELICOR, INC. **Current Principal Place of Business: New Principal Place of Business:** 5421 BEAUMONT CENTER BLVD. SUITE 615 TAMPA, FL 33634 **Current Mailing Address: 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: 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: 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 SUTHARD, PAUL SUTHARD, PAUL B Name: Name: 16502 OFFENHAUR ROAD 16502 OFFENHAUR ROAD Address: Address: City-St-Zip: ODESSA, FL 33556 US City-St-Zip: ODESSA, FL 33556 US DVP Title: VΡ (X) Change ( ) Addition Title: () Delete Name: COPPOLA, ROBERT Name: GARBACZ, LAURA 670 ISLAND WAY #801 4756 DEVONSHIRE BLVDE Address: Address: CLEARWATER, FL 33767 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34685 Title: Title: (X) Change ( ) Addition DVPS () Delete DVPS SILVERSTEIN, MARK SILVERSTEIN, MARK Name: Name: 1704 STILLWATER CIRCLE 1773 PENINSULA CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CASTLE ROCK, CO 80104

() Change () Addition

Ρ SIGNATURE: PAUL BRYAN SUTHARD 04/24/2006

above, or on an attachment with an address, with all other like empowered.