

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008372

FILED
Apr 21, 2004
Secretary of State

Entity Name: EXCESS MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

709 SILVER PALM AVE., STE. A
MELBOURNE, FL 32901

New Principal Place of Business:

3143 SKYWAY CIRCLE
MELBOURNE, FL 32934

Current Mailing Address:

709 SILVER PALM AVE., STE. A
MELBOURNE, FL 32901

New Mailing Address:

3143 SKYWAY CIRCLE
MELBOURNE, FL 32934

FEI Number: 59-3549583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, ROBERT A
709 SILVER PALM AVE., STE A
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MILLER, ROBERT A
3143 SKYWAY CIRCLE
MELBOURNE, FL 32934 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: ROBERT A. MILLER

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MILLER, ROBERT A
Address: 709 SILVER PALM AVE. STE. A
City-St-Zip: MELBOURNE, FL 32901

Title: VSD () Delete
Name: MILLER, DOLORES
Address: 709 SILVER PALM AVE. STE. A
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MILLER, ROBERT A
Address: 3143 SKYWAY CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: VSD (X) Change () Addition
Name: MILLER, DOLORES
Address: 3143 SKYWAY CIRCLE
City-St-Zip: MELBOURNE, FL 32934

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: DOLORES MILLER

VSD

04/21/2004

Electronic Signature of Signing Officer or Director

Date