## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000008372

Entity Name: EXCESS MANAGEMENT SYSTEMS, INC.

MELBOURNE, FL 32934

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

| Current Principal Place of Business:        |   |                                | New Principal Place of Business:            |  |  |
|---|---|--------------------------------|---|--|--|
|   | WAY CIRCLE<br>RNE, FL 32934                           | ļ                              |   |  |  |
| Current Mailing Address:                    |   |                                | New Mailing Address:                        |  |  |
|   | WAY CIRCLE<br>RNE, FL 32934                           | ļ                              |   |  |  |
| FEI Number                                  | : 59-3549583  | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and                                    | Address of C  | urrent Registered Agent:       | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| MELBOUF The above                           | WAY CIRCLE<br>RNE, FL 32934                           |                                | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUI                                    | RE:   |                                |   |  |  |
|   | Electron  | ic Signature of Registered Ag  | ent   | Date   |  |
| Election Car                                | mpaign Financing                                      | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |   |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PTD ()<br>MILLER, ROBE<br>3143 SKYWAY<br>MELBOURNE, I | CIRCLE                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:                 | VSD ()<br>MILLER, DOLO<br>3143 SKYWAY                 |                                | Title:<br>Name:<br>Address:                 | () Change () Addition                        |  |

City-St-Zip:

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 04/28/2005