

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131930

**FILED
Jan 06, 2007
Secretary of State**

Entity Name: H2EXCEED, INC.

Current Principal Place of Business:

1919 N.W. 19TH STREET SUITE 623
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1919 N.W. 19TH STREET SUITE 623
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-3533448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PERSICHETTI, ALESSANDRA
13 CASTLE HARBOR ISLE
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PERSICHETTI, ALESSANDRA
Address: 13 CASTLE HARBOR ISLE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VP () Delete
Name: MEYERS, MARK
Address: 2029 N. OCEAN BLVE #312
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: MARK MEYERS

VP

01/06/2007

Electronic Signature of Signing Officer or Director

_____ Date