


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
05-02-2006 90235 029 ****150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]

DOCUMENT # P05000159146			
1. Entity Name 2 EXTREME L & L CORP.			
Principal Place of Business 5987 LEE VISTA BLVD. APT. 104 ORLANDO, FL 32822 US		Mailing Address 5987 LEE VISTA BLVD. APT. 104 ORLANDO, FL 32822 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 30-5027491		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent ZABALA, RICKY A 5987 LEE VISTA BLVD. APT. 104 ORLANDO, FL 32822		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>(NOTE: Registered Agent signature required when necessary)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABALA, PAMELA A	NAME	
STREET ADDRESS	5987 LEE VISTA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ZABALA, RICKY A.	NAME	
STREET ADDRESS	5987 LEE VISTA BLVD, APT 104	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> Ricky A ZABALA		Date: April 28, 2006 ⁽⁴⁰⁷⁾ 4217877	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	