

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 18, 2008  
Secretary of State**

DOCUMENT# P07000010065

Entity Name: EXTREEM MANUFACTURING, INC.

**Current Principal Place of Business:**

16405 HIGHWAY 27  
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

20165 HIGHWAY 27  
LAKE WALES, FL 33853 US

**Current Mailing Address:**

PO BOX 3997  
LAKE WALES, FL 33859 US

**New Mailing Address:**

FEI Number: 20-8781337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESPOSITO, WAYNE J  
16405 HIGHWAY 27  
LAKE WALES, FL 33859 US

**Name and Address of New Registered Agent:**

ESPOSITO, WAYNE J  
20165 HIGHWAY 27  
LAKE WALES, FL 33853 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: WAYNE J. ESPOSITO      06/18/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESPOSITO, WAYNE J  
Address: PO BOX 3997  
City-St-Zip: LAKE WALES, FL 33859 US  
  
Title: VP ( ) Delete  
Name: ESPOSITO, SHARON R  
Address: PO BOX 3997  
City-St-Zip: LAKE WALES, FL 33859 US  
  
Title: ST (X) Delete  
Name: ESPOSITO, PATSY A JR.  
Address: PO BOX 3997  
City-St-Zip: LAKE WALES, FL 33859 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
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 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: SHARON R. ESPOSITO      VP      06/18/2008  
Electronic Signature of Signing Officer or Director      Date