

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018759

FILED
Apr 08, 2008
Secretary of State

Entity Name: ABCD EXTREME, INC.

Current Principal Place of Business:

3200 N. PALAFOX ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

3200 N. PALAFOX ST.
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 03-0399584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYNARD, ROBERT L JR
301 W MALLORY ST
PENSACOLA, FL 32501 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: PD () Delete
Name: O'SULLIVAN, BRIAN P JR.
Address: 2321 INVERNESS DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: STD () Delete
Name: MAYNARD, ROBERT L JR.
Address: 301 W. MALLORY ST.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'SULLIVAN, BRIAN P JR.
Address: 4301 CREIGHTON ROAD, #182
City-St-Zip: PENSACOLA, FL 32504

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: BRIAN O'SULLIVAN

PRES

04/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date