## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000910

Entity Name: XTRAMILE, INC.

FILED Apr 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2333 STIRLING ROAD FT. LAUDERDALE, FL 33312 US **Current Mailing Address: New Mailing Address:** 2333 STIRLING ROAD FT. LAUDERDALE, FL 33312 US FEI Number: 65-0979634 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BARZUN, ROGER M SEC Name: Name: 60 HUBBARD STREET Address: Address: City-St-Zip: CONCORD, MA 01742 US City-St-Zip: Title: Title: () Delete () Change () Addition STEADMAN, DAVID ASST SE Name: Name: 173 SOUTH RIVER ROAD, UNIT #2 Address: Address: BEDFORD, NH 03110 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: CFO () Change () Addition CREGGER, JUDY CFO Name: Name: 2333 STIRLING ROAD Address: Address: FORT LAUDERDALE, FL 33312 US City-St-Zip: City-St-Zip: Title: TREA () Delete Title: () Change () Addition KAPLAN, RONALD TREAS Name: Name: Address: 2333 STIRLING ROAD Address: City-St-Zip: FT. LAUDERDALE, FL 33312 US City-St-Zip: Title: NONF Title: () Delete () Change () Addition NONE, NONE Name: Name: NONE Address: Address: City-St-Zip: NONE, NO NO City-St-Zip: Title: PRES ( ) Delete Title: () Change () Addition Name: BROOKMAN, AMBER M PRES Name: 2333 STIRLING ROAD Address: Address: City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33312 US

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: JUDY CREGGER CFO 04/05/2004