2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # F01000002265 1. Entity Name XTREME ENERGY, INC.								04-19-20	04 90366	039 ***15	0.00	
Principal Place	e of Busines	3 _	Mailing	Mailing Address			•					
9543 INTERN ST PETERSBI			9543 INTERNATIONAL COURT ST PETERSBURG, FL 33716)					
2. Principal P	lace of Busir	ess	3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072004	Chg-P	CR2E	034 (10/03)			
City & State			City &	City & State			4. FEI Numb 62-184				plied For t Applicable	
Zip	Country		Zip		Country		5. Certificate	of Status Desired	d []	\$8.75 Add Fee Required		
	6. Name	and Address of Curren	t Registered	Agent	Name		7. Name and	Address of Nev	w Registered	Agent	<u> </u>	
BARKER, KIRK A 0535 INTERNATIONAL COURT ST PETERSBURG, FL 33716 City FL Zip Code												
		y submits this statement	for the purpo	se of changing its r	egistered office o	r register	ed age/it, or bo	th, in the State of	f Florida. am	familiar with,	and accept	
the obligations of registered agent. Signature Kirk A. Barkker Resident American Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE D												
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AN	D DIRECTOR	s	11.		ADDITIONS	CHANGES TO C	DEFICERS AN	D DIRECTORS	3 IN 11	
TITLE	PARKER	KIDK A		Delete	TITLE NAMÉ	D	ALCH PA	es.		☐ Change	X Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1	, KIRK A ERNATIONAL COUR' RSBURG, FL	T NORTH	NORTH		177	RLEY PER 19 CHESS ITSVILLE	ER DRIVE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ANDALL V RDENIA CIRCLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	954	LER, KIR 3 INTERNA PETERS BU	TIONAL CO	OURT NOR	Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LATHAM,	DAVID	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	CFO_ MC4	ILLIVRAY	STUART ATIONAL CO URLI FL		□ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAILEY, 3440 HOI	EVERETT P LLOW CREEK RD ITOWN, TN		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>	, , ,		☐ Change	☐ Addition	
TITLE	GERMAN	TOWN, TH		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	}				STREET ADDRESS CITY-ST-ZIP						:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				, pr. 1-	☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 officers with all other like empowered. SIGNATURE: ### STATES AND CONTROL OF THE CONTROL OF												
SIGIVAL	OUE.	SIGNATURE AND TYPED O	R PRINTED NAME				····	Date		Daytime Phone #		