## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002602

Entity Name: XSTREAM BEVERAGE GROUP, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4800 NW 15TH AVE BAY A P.O. BOX 100939

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33310

Current Mailing Address: New Mailing Address:

4800 NW 15TH AVE BAY A P.O. BOX 100939

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33310

FEI Number: 05-0547629 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:

WILLSON, BARRY
4800 NW 15TH AVE BAY A
WILLSON, BARRY
P.O. BOX 100939

FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33310 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: 04/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C ( ) Delete Title: C (X) Change ( ) Addition

Name: FARNSWORTH, THEODORE Name: FARNSWORTH, THEODORE Address: 4800 NW 15TH AVE BAY A Address: P.O. BOX 100939

Address: 4800 NW 15TH AVE BAY A Address: P.O. BOX 100939
City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33310

Title: VCST ( ) Delete Title: VC (X) Change ( ) Addition Name: WILLSON, BARRY Name: WILLSON, BARRY

 Name:
 WILLSON, BARRY
 Name:
 WILLSON, BARRY

 Address:
 4800 NW 15TH AVE BAY A
 Address:
 P.O. BOX 100939

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33310

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 PEARRING, JERRY
 Name:
 PEARRING, JERRY

 Address:
 4800 NW 15TH AVE BAY A
 Address:
 P.O. BOX 100939

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33310

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY WILLSON VC 04/04/2006