04-06-2007 90048 011 ***150.00
F06000000915

FILED

07 APR 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000915

1. Entity Name
XTREEM ENVIRONMENTAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2764 LAKE SAHARA DR SUITE 111 LAS VEGAS, NV 89117	2764 LAKE SAHARA DR SUITE 111 LAS VEGAS, NV 89117

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 427
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Superior WI
Zip / Country	Zip: 54880 / Country

01222007 Chg-P CR2E034 (12/06)

4. FEI Number: 11-3768511 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERMAN, LESLIA 1064 BUCKBEAN BRANCH LN W JACKSONVILLE, FL 32259	Name: Cindy Rouleau Street Address (P.O. Box Address is Not Acceptable): 1064 Buck Bean Branch Lane W City: Jacksonville FL Zip: 32259

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cindy L Rouleau. 4/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP SHERMAN, JOHN 1064 BUCKBEAN BRANCH LN W JACKSONVILLE, FL 32259	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCVP SHERMAN, LESLIA 1064 BUCKBEAN BRANCH LN W JACKSONVILLE, FL 32259	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Office Manager Cindy Rouleau. 904 22nd Street Cloquet, MN 55720	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE: Cindy L Rouleau. 4/4/07 218-393-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per with Cindy Rouleau

JC 4/24