

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90050 046 \*\*\*\*50.00

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02112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000088467			
1. Entity Name X-TREME TRAINING CONSULTANTS, L.L.C.			
Principal Place of Business 19294 OAKFORK TRL. BROOKSVILLE, FL 34604		Mailing Address P.O. BOX 1211 ELFERS, FL 34680	
2. Principal Place of Business 6112 Grand Blvd.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State	
Zip 34652	Country USA	Zip	Country
4. FEI Number 51-0533429		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROLLSTON, JAMES A 5412 DRIFT TIDE DR. NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name: Renee Bingham Street Address (P.O. Box Number is Not Acceptable): 19294 Oakfork Trl. City: Brooksville, FL Zip Code: 34604	
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: Renee Bingham		Renee Bingham	2/22/05
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BINGHAM, PATRICK 19294 OAKFORK TRL. BROOKSVILLE, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEMBER Revell, Ray 4052 Pecan Dr. New Port Richey, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr member Rollston, James 5412 Drift Tide Dr. New Port Richey, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: Patrick J. Bingham		Patrick J. Bingham MGR	2/22/05 727-808-2738
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	Daytime Phone #