

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088467

FILED
Apr 24, 2007
Secretary of State

Entity Name: X-TREME TRAINING CONSULTANTS, L.L.C.

Current Principal Place of Business:

6112 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6112 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 51-0533429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINGHAM, RENEE
19294 OAKFORK TRL
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BINGHAM, PATRICK
Address: 19294 OAKFORK TRL.
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGRM () Delete
Name: REVELL, RAY
Address: 4052 PECAN DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: ROLLSTON, JAMES
Address: 5412 DRIFT TIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: REVELL, RAY
Address: 13924 JACOBSON DR
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: RAY REVELL

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date