2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088467

Name:

Title:

Name: Address:

Address:

City-St-Zip:

City-St-Zip:

REVELL, RAY

MGRM

4052 PECAN DR

ROLLSTON, JAMES

5412 DRIFT TIDE DR

NEW PORT RICHEY, FL 34652

NEW PORT RICHEY, FL 34652

() Delete

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

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6112 GRAND BLVD NEW PORT RICHEY, FL 34652 **Current Mailing Address: New Mailing Address:** 6112 GRAND BLVD NEW PORT RICHEY, FL 34652 FEI Number: 51-0533429 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: BINGHAM, RENEE 19294 OAKFORK TRL BROOKSVILLE, FL 34604 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete BINGHAM, PATRICK Name: Name: Address: 19294 OAKFORK TRL Address: City-St-Zip: BROOKSVILLE, FL 34604 City-St-Zip: Title: MGRM Title: MGRM () Delete (X) Change () Addition

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

REVELL, RAY

13924 JACOBSON DR

() Change () Addition

ODESSA, FL 33556

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