2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2009
Secretary of State

DOCUMENT# N05000008735

Entity Name: XTREME SOULUTIONS, INC.

Current Principal Place of Business:

13695 N US HWY 441
CITRA, FL 32113

New Principal Place of Business:

101 NE 16TH AVENUE
OCALA, FL 34470

Current Mailing Address:

13695 N US HWY 441
CITRA, FL 32113

New Mailing Address:

PO BOX 5487
OCALA, FL 34478

FEI Number: 30-0293324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITT, BLAINE
10051 NW 215TH LANE ROAD
MICANOPY, FL 32667 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WHITT, BLAINE
Address: 10051 NW 215 LANE RD
City-St-Zip: MICANOPY, FL 32667

Title: DS ( ) Delete
Name: EWING, STEVE
Address: 5580 SE 37TH PLACE
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: TAGGART, SUZANNE
Address: 3919 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: DS ( ) Change (X) Addition
Name: BLACKBURN, TAMMY
Address: 2041 NW 146TH PLACE
City-St-Zip: CITRA, FL 32113

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLAINE WHITT DP 09/16/2009
Electronic Signature of Signing Officer or Director — Date