2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001501

FILED Apr 06, 2009 Secretary of State

Entity Name: XTREME MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business: New Principal Place of Business:

2109 LITHIA PINECREST RD. 2109 LITHIA PINECREST RD.

VALRICO, FL 33594 VALRICO, FL 33596

Current Mailing Address: New Mailing Address:

2109 LITHIA PINECREST RD. 2109 LITHIA PINECREST RD.

VALRICO, FL 33594 VALRICO, FL 33596

FEI Number: 26-2169382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FULLER, PENNY L 5012 MÚD LAKE RD. US PLANT CITY, FL 33567

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GREER, DOROTHY E GREER, DOROTHY E Name: Name: Address: 2109 LITHIA PINECREST RD. Address: 2109 LITHIA PINECREST RD.

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Title: () Delete Title: (X) Change () Addition Name: GREER, RICHARD W Name: GREER, RICHARD W

Address: 2109 LITHIA PINECREST RD. Address: 2109 LITHIA PINECREST RD. City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Title: () Delete Title: (X) Change () Addition

BUSTLE, JACKIE A BUSTLE, JACKIE A Name: Name: 2109 LITHIA PINECREST RD. 2109 LITHIA PINECREST RD. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

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: DOROTHY E. GREER **PRES** 04/06/2009