2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000104337

1. Entity Name
EXTRA MILE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
282 SANCTUARY DR. P.O BOX 873 CRYSTAL BEACH, FL 34681	P.O. BOX 873 CRYSTAL BEACH, FL 34681

01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3680192
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

BROWN, STU
282 SANCTUARY DRIVE
P.O BOX 873
CRYSTAL BEACH, FL 34681

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000518879
05/02/06-90021-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, STU
STREET ADDRESS	282 SANCTUARY DR
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	VP
NAME	BROWN, SCOTT A
STREET ADDRESS	4920 GALLEON CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	ST
NAME	BROWN, WENDY J
STREET ADDRESS	282 SANCTUARY DR
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Brown 4-4-06 7277862586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #