2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000041687

1. Entity Name
XTREME NURSING INC.

Principal Place of Business	Mailing Address
9753 NW 127 STREET	9753 NW 127 STREET
HIALEAH GARDENS, FL 33018	HIALEAH GARDENS, FL 33018

DO NOT WRITE IN THIS SPACE

04132006   No Chg-P   CR2E034 (11/05)

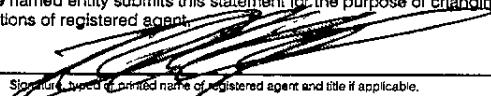| **4.** FEI Number	Applied For
65-1097374	Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, RICHARD
9753 NW 127 STREET
HIALEAH GARDENS, FL 33018

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IN THIS SPACE

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE 4-14-06

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

U00000561985
05/19/06-80037-013 150.00

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10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, RICHARD
STREET ADDRESS	9753 NW 127 STREET
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Richard Garcia 4-14-06   305-889-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #