2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2007 08:00 All Secretary of State DOCUMENT # P01000055144 1. Entity Name X-TREME MARINE, INC. Principal Place of Business Mailing Address 2328 1ST AVE., S.E. 2328 1ST AVE., S.E. VERU BEACH, FL 32962 VERO BEACH, FL 32962 08272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 02-0623977 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARRADINI, DANIEL L DO NOT WRITE 2328 1ST AVE., S.E. VERO BEACH, FL 32962 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 601.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. **CFOP** TITLE CARRADINI, SUSAN M NAME U00000773441 STREET ADDRESS 10 NORTH SHORE ROAD 09/06/07-80003-015 8.75 CITY-ST-ZIP **DERRY, NH 03038** COOV TITLE NAME CARRADINI, DANIEL L STREET ADDRESS 2328 1ST AVE., S.E. CITY-ST-ZIP VERO BEACH, FL 32962 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 000000773441 09/06/07-80003-016 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further ce tify that the information

CITY-ST-ZIP