

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000079530

1. Entity Name
EXTREME CHEERLEADING, INC.



**FILED
May 18, 2005 8:00 am
Secretary of State**

05-18-2005 90026 003 ***150.00

Principal Place of Business
6314 SPINAKER DR
ROCKLEDGE, FL 32955

Mailing Address

6314 SPINAKER DR
ROCKLEDGE, FL 32955

2. Principal Place of Business
3117 Skyway Circle

3. Mailing Address
2524 Alanna Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
Melbourne, FL [REDACTED]

Zip
32935

Country
US

Zip
32934

Country
US

4. FEI Number
59-3737615

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUVIER, PAUL A
3210 N. WICKHAM ROAD
STE 5
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
City _____ Zip Code _____

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

Mandy Field Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-16-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FIELD, MANDY 6314 SPINAKER DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dinner PVST Field, Mandy 2524 Alanna Ln. Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mandy Field*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-05

Date

Daytime Phone #