

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90044 045 \*\*\*150.00

**40005002**



01072005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000093507</b> 1. Entity Name <b>XTREME XPERIENCE PRODUCTIONS, INC.</b>					
Principal Place of Business <b>1881 NE 26 ST. STE. 204 WILTON MANORS, FL 33305</b>			Mailing Address <b>1881 NE 26 ST. STE. 204 WILTON MANORS, FL 33305</b>		
2. Principal Place of Business <b>1881 NE 26*ST.</b>		3. Mailing Address <b>1881 NE 26*ST.</b>			
Suite, Apt. #, etc. <b>Suite 228</b>		Suite, Apt. #, etc. <b>Suite 228</b>			
City & State <b>Wilton Manors, FL</b>		City & State <b>Wilton Manors, FL</b>			
Zip <b>33305</b>	Country <b>USA</b>	Zip <b>33305</b>	Country <b>USA</b>	4. FEI Number <b>37-1440367</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROUWER, JORGE J 685 KENSINGTON PLACE WILTON MANOR, FL 33305</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <span style="float: right;">DATE <b>1/19/05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROUWER, JORGE J 685 KENSINGTON PL WILTON MANORS, FL 33305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE:</b> <b>Jorge Brouwer</b>			Date <b>1/19/05</b> Daytime Phone # <b>954-609-4836</b>		