


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000022717</b> 1. Entity Name <b>XTREME MOTOR SPORTS CORPORATION</b>	
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Principal Place of Business <b>110 CHERRYHILL CIRCLE LONGWOOD, FL 32779</b>	Mailing Address <b>110 CHERRYHILL CIRCLE LONGWOOD, FL 32779</b>
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02252006 No Chg-P CR2E034 (11/05)

4. FEI Number **54-2100679** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HARNEY, DENNIS M 110 CHERRYHILL CIRCLE LONGWOOD, FL 32779</b>
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**DO NOT WRITE  
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 \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARNEY, DENNIS M 110 CHERRYHILL CIRCLE LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARNEY, PAULA M 110 CHERRYHILL CIRCLE LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARNEY, DENNIS P 110 CHERRY HILL CIRCLE LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARNEY, CHRISTOPHER J 4019 BONNIE DRIVE APOPKA, FL 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARNEY, KENNETH J 110 CHERRY HILL CIRCLE LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000468796  
03/25/06-80003-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 any other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

*Dennis Harney* **3-13-06** **407 869 0470**