

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037903

FILED
Mar 16, 2004
Secretary of State

Entity Name: XTREME HEALTH WAREHOUSE INC.

Current Principal Place of Business:

1613 PEPPER GRASS COURT
ORLANDO, FL 32825

New Principal Place of Business:

931 S.R. 434 NORTH
1101
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1613 PEPPER GRASS COURT
ORLANDO, FL 32825

New Mailing Address:

931 S.R. 343 NORTH
1101
ALTAMONTE SPRINGS, FL 32714

FEI Number: 32-0070318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERSAUD, GERAID
1613 PEPPER GRASS COURT
ORLANDO, FL 32825

Name and Address of New Registered Agent:

PERSAUD, GERAID
104 DELLWOOD DR.
LONGWOOD, FL 32750

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.

SIGNATURE:

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RALEY, SHERLY
Address: 1613 PEPPER GRASS COURT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERSAUD, DAPHNE H
Address: 19029 US 19 NORTH BLD 2-1
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAPHNE PERSAUD

PD

03/16/2004

Electronic Signature of Signing Officer or Director

Date