

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 23, 2007
Secretary of State**

DOCUMENT# P03000037903

Entity Name: XTREME HEALTH WAREHOUSE INC.

Current Principal Place of Business:

931 NORTH STATE ROAD 434
1101
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

931 NORTH STATE ROAD 434
1101
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 32-0070318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAUD, GERALD H TREA
1613 PEPPER GRASS COURT
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PERSAUD, DAPHNE H PRESIDE
Address: 1547 SCHOENERSVILLE ROAD #208
City-St-Zip: BETHLEHEM, PA 18018

Title: TREA (X) Delete
Name: PERSAUD, GERALD H TREA
Address: 1613 PEPPER GRASS COURT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PERSAUD, GERALD H PRESIDE
Address: 1613 PEPPER GRASS COURT
City-St-Zip: ORLANDO, FL 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GERALD PERSAUD

PRES

02/23/2007

Electronic Signature of Signing Officer or Director

Date