

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053987

Entity Name: EXTREME FABRICS, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

7812 FAIRWAY AVE SE UNIT 1001
SNOQUALMIE, WA 98065

New Principal Place of Business:

34320 SE BURKE ST
SNOQUALMIE, WA 98065

Current Mailing Address:

7812 FAIRWAY AVE SE UNIT 1001
SNOQUALMIE, WA 98065

New Mailing Address:

34320 SE BURKE ST
SNOQUALMIE, WA 98065

FEI Number: 87-0695626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORNEIL, CHAD
Address: 901 COCHRAN DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: COGHILL, TRENT
Address: 122 MCFARLAND PLACE
City-St-Zip: SAKSATOON, SK S7N4M2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHAD CORNEIL

D

01/31/2007

Electronic Signature of Signing Officer or Director

Date