

2004 FOR PROFIT CORPORATION ANNUAL REPORT


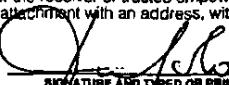
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Apr 21, 2004 8:00 am
Secretary of State

04-08-2004 90017 013 ***150.00

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02212004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000056750			
1. Entity Name XTREME COMPUTER SOLUTIONS, INC.			
Principal Place of Business 7403 GATEHOUSE CIRCLE, APT. #147 ORLANDO, FL 32807		Mailing Address 7403 GATEHOUSE CIRCLE, APT. #147 ORLANDO, FL 32807	
2. Principal Place of Business 15318 Black Lion Way Suite, Apt. #, etc.		3. Mailing Address 15318 Black Lion Way Suite, Apt. #, etc.	
City & State Winter Garden, FL Zip 34787 Country USA		City & State Winter Garden, FL Zip 34787 Country USA	
4. FEI Number 571168596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLO, XAVIER J 7403 GATEHOUSE CIRCLE, APT. #147 ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when relinquishing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLO, XAVIER J 7403 GATEHOUSE CIRCLE, APT. #147 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pizz Colo, Xavier J 15318 Black Lion Way Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBITT, WILLIAM 11310 PINE COURT, #B306 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tobitt William 11310 Pine Court, B306 Tampa, FL 33612 <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
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
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.			
SIGNATURE: 		Date: 4-2-04 Daytime Phone #: 707-963-1264	