2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

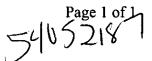
May 04, 2004 8:00 am Secretary of State **DOCUMENT # P03000074040** 05-04-2004 90162 014 ***150.00 1. Entity Name LESXTREME, INC. Principal Place of Business Mailing Address 5671 PINE CIRCLE 5671 PINE CIRCLE ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number -311*776*8 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, LARRY E Street Address (P.O. Box Number is Not Acceptable) 5671 PINE CIRCLE ORANGE PARK, FL 32003 City 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 ____ Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. □ Delete TITLE Addition TITLE ☐ Change SMITH, LARRY E NAME NAME STREET ADDRESS 5671 PINE CIRCLE STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR soo cetteechell 000110

South

SIGNATURE







Division of Corporations

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