

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 10 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000108232			
1. Entity Name XTREME PERFORMANCE OF COLLIER, INC.			
Principal Place of Business 6000 LEE ANN LANE NAPLES, FL 34109		Mailing Address 1461 31ST STREET S.W. NAPLES, FL 34117	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4865 21 ST Ave. S.W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples, FL	
Zip	Country	Zip	Country
34116	U.S.A.	10052007	Chg-P CR2E034 (12/06)
4. FEI Number 59-3744249		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FESTA, LOUISE 1461 31ST STREET S.W. NAPLES, FL 34117		7. Name and Address of New Registered Agent Name Ruben Gonzalez Street Address (P.O. Box Number is Not Acceptable) 4865 21 ST Ave. S.W. City Naples FL Zip Code 34116	
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 <i>Ruben Gonzalez</i> 10-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		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	P FESTA, LOUISE 1461 31ST STREET S.W. NAPLES, FL 34117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ruben Gonzalez 4865 21 ST Ave. S.W. Naples, FL 34116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yamilly Veloz 4865 21 ST Ave. S.W. Naples, FL 34116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110749834 10/12/07--01074--014 **\$1.25 <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 exemptions contained 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 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: <i>Yamilly Veloz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10-5-07 (239) 825-5233 <small>Date Daytime Phone #</small>	