

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV -2 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000108232 1. Entity Name XTREME PERFORMANCE OF COLLIER, INC.			
Principal Place of Business 6000 LEE ANN LANE NAPLES, FL 34109		Mailing Address 4865 21ST AVENUE SW NAPLES, FL 34116	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1461 31ST ST SW Suite, Apt. #, etc.	
City & State Naples FL		4. FEI Number 59-3744249	
Zip 34117		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, RUBEN 4865 21ST AVENUE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name LOUISE FESTA Street Address (P.O. Box Number is Not Acceptable) 1461 31ST ST SW City Naples FL Zip Code 34117	
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 <u><i>Louise Festa</i></u> <u>Louise Festa</u> 10/26/07 <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 GONZALEZ, RUBEN 4865 21 AVENUE SW NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUISE FESTA 1461 31ST ST SW Naples, FL 34117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELOZ, YAMILY 4865 21ST AVENUE SW NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000112140200 11/09/07--01004--006 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Louise Festa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10/26/07 239-5974326 <small>Date Daytime Phone #</small>	