

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000059292

1. Entity Name
EXTREME MARKETING, INC.



Principal Place of Business

8255 MARTIN LANE
LARGO, FL 33777

Mailing Address

8255 MARTIN LANE
LARGO, FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04212005 Chg-P CR2E034 (10/03)

④ FEI Number
20-1022798

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIN, AMBER
8255 MARTIN LANE
LARGO, FL 33777

Name AMBER DAWN MARIN

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

Sk. Amber Dawn Marin (typed name of registered agent and title if applicable)

E: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MARIN, AMBER
STREET ADDRESS 8255 MARTIN LANE
CITY-ST-ZIP LARGO, FL 33777 SAME

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

MARIN, AMBER DAWN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

4-21-05

SIGNATURE: Amber Dawn Marin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMBER DAWN MARIN (727) 394-2965

Date

Daytime Phone #