

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000059292

1. Entity Name

EXTREME MARKETING, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90314 034 ***158.75



1st MOORE CR2E034 (10/05)

Principal Place of Business 8255 MARTIN LANE LARGO FL 33777		Mailing Address 8255 MARTIN LANE LARGO FL 33777	
2. Principal Place of Business 6233 PARK BLVD. Suite, Apt. #, etc. SUITE B		3. Mailing Address Suite, Apt. #, etc.	
City & State PINELLAS PARK, FL		City & State	
Zip 33781	Country PINELLAS	Zip	Country
6. Name and Address of Current Registered Agent MARIN, AMBER DAWN 8255 MARTIN LANE LARGO FL 33777		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: <i>Amber Dawn Marin</i> AMBER DAWN MARIN (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE: <i>4.24.06</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MARIN, AMBER DAWN 8255 MARTIN LANE LARGO FL 33777	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
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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 Section 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: *Amber Dawn Marin* AMBER DAWN MARIN 4.24.06 (727)394-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #