

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000091125</b> 1. Entity Name <b>XTRME SOLUTIONS GROUP, INC.</b>				<b>FILED</b> 06 SEP 19 4:06 SEC. TALLAH.	
Principal Place of Business <b>7804 NW 165 STREET MIAMI LAKES, FL 33016</b>		Mailing Address <b>7804 NW 165 STREET MIAMI LAKES, FL 33016</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				09072006 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-1246147</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, DIONISIO 7804 NW 165 STREET MIAMI LAKES, FL 33016</b>			<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FERNANDEZ, DIONSIO 7804 NW 165 STREET MIAMI LAKES, FL 33016</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FERNANDEZ, DIANA O 7804 NW 165 STREET MIAMI LAKES, FL 33016</b>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> 		<b>DIANA Fernandez</b>		<b>9/7/06 305-827-4405</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	