# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 27, 2006**
**Secretary of State**

DOCUMENT# P04000118436

**Entity Name:** XTREME CHEER AND TUMBLE INC

**Current Principal Place of Business:**

4575 PET LANE
LUTZ, FL 33549

**New Principal Place of Business:**

11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33576

**Current Mailing Address:**

4575 PET LANE
LUTZ, FL 33549

**New Mailing Address:**

11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33576

**FEI Number: 01-0819522** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVER, MICHELLE L
4575 PET LANE
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

OLIVER, MICHELLE L
11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33576 US

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.

SIGNATURE: MICHELLE OLIVER 10/27/2006
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: OLIVER, MICHELLE L
Address: 3202 COCONUT GROVE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: CFO ( ) Delete
Name: OLIVER, JOHN N JR.
Address: 3202 COCONUT GROVE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: PHIPPS, MELISSA
Address: 11820 URADCO PLACE, SUITE 103
City-St-Zip: SAN ANTONIO, FL 33576

Title: VP ( ) Change (X) Addition
Name: SALAZAR, ALEX
Address: 11820 URADCO PLACE, SUITE 103
City-St-Zip: SAN ANTONIO, FL 33576

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA PHIPPS VP 10/27/2006
Electronic Signature of Signing Officer or Director Date