

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000122104 1. Entity Name XTREME WHEELIE RIDE CORPORATION	
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<i>Principal Place of Business</i> 11344 LAKE KATHERINE CIRCLE CLERMONT, FL 34711	<i>Mailing Address</i> 11344 LAKE KATHERINE CIRCLE CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

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04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1118585	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILNER, DORI 11344 LAKE KATHERINE CIRCLE CLERMONT, FL 34711
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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FP MILNER, DORI 11344 LAKE KATHERINE CIRCLE CLERMONT, FL 34711

U000000516588
05/01/06-80010-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-14-06 352-242-9202 Date Daytime Phone #
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