2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P04000122514

Entity Name: X-TREME PROFESSIONAL CORP

Current Principal Place of Business:

4793 CARSON COVE DRIVE
APT. 804
ORLANDO, FL 32811 US

New Principal Place of Business:

4340 S KIRKMAN RD
APT 904
ORLANDO, FL 32811 US

Current Mailing Address:

4793 CARSON COVE DRIVE
APT. 804
ORLANDO, FL 32811 US

New Mailing Address:

4340 S KIRKMAN RD
APT 904
ORLANDO, FL 32811 US

FEI Number: 20-1536017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHERST DR
SUITE 246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAULICHI, FABIO
Address: 4793 CARSON COVE DRIVE, APT. 804
City-St-Zip: ORLANDO, FL 32811 US

Title: VP ( ) Delete
Name: PAULICHI, CINTIA
Address: 4793 CARSON COVE DRIVE, APT. 804
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAULICHI, FABIO
Address: 4340 S KIRKMAN RD APT 904
City-St-Zip: ORLANDO, FL 32811 US

Title: VP (X) Change ( ) Addition
Name: PAULICHI, CINTIA
Address: 4340 S KIRKMAN RD APT 904
City-St-Zip: ORLANDO, FL 32811 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FABIO PAULICHI P 04/28/2005

Electronic Signature of Signing Officer or Director Date