


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90025 004 ***150.00

DOCUMENT # P04000133411	
1. Entity Name XTREME POWER CORP.	

Principal Place of Business 5318 COBALT CT CAPE CORAL, FL 33904	Mailing Address 830 SW 2ND ST - APT 7 HALLANDALE, FL 33009
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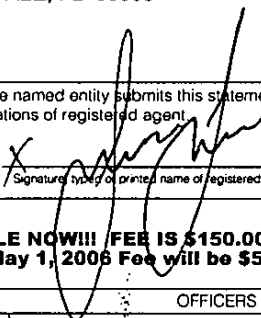
2. Principal Place of Business 3013 S.W. SANTA	3. Mailing Address 3013 S.W. SANTA
Suite, Apt. #, etc. BARBARA PLACE	Suite, Apt. #, etc. BARBARA PLACE
City & State CAPE CORAL, FL	City & State CAPE CORAL
Zip 33914	Country
Zip 33914	Country



03132006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1211477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANELLO, DAN 830 SW 2ND ST. - APT 7 HALLANDALE, FL 33009	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3013 SW SANTA BARBARA PLACE City CAPE CORAL FL Zip Code 33914	

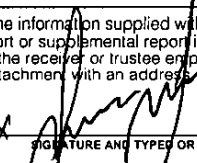
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANELLO, DAN 5318 COBALT CT CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3013 S.W. SANTA BARBARA PLACE CAPE CORAL, FL 33914
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #