

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90002 002 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

60010700



03022006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000035818</b> 1. Entity Name <b>XTREME AUDIO, INC.</b>			
Principal Place of Business <b>6745 PEBBLE BEACH WAY          LAKE WOOD RANCH, FL 34202</b>		Mailing Address <b>6745 PEBBLE BEACH WAY          LAKE WOOD RANCH, FL 34202</b>	
2. Principal Place of Business <b>6822 22ND AVE N</b> Suite, Apt. #, etc. <b>251</b>		3. Mailing Address <b>6822 22ND AVE. N.</b> Suite, Apt. #, etc. <b>251</b>	
City & State <b>ST. PETERSBURG, FLA</b> Zip <b>33710</b>		City & State <b>ST. PETERSBURG, FLORIDA</b> Zip <b>33710</b>	
4. FEI Number <b>20-2466636</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>8. Name and Address of Current Registered Agent</b>  <b>WALTER B. SHURDEN, P.L.</b> <b>611 DRUID ROAD EAST</b> <b>SUITE 512</b> <b>CLEARWATER, FL 33756</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIMPSON, KAY F</b> <b>6745 PEBBLE BEACH WAY</b> <b>LAKE WOOD RANCH, FL 34202</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kay Simpson</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>KAY SIMPSON, Pres.</b> Date <b>3/2/06</b> Daytime Phone # <b>727-421-2554</b>	