2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 20, 2006 8:00 am DOCUMENT # P05000042114 Secretary of State 1. Entity Name EXTREME CUSTOM KITCHENS INC 05-11-2006 90242 028 ***150.00 Principal Place of Business Mailing Address 7703 GLENVIEW LANE 7703 GLENVIEW LANE ~~~~UZ0 TAMPA, FL 33615 **TAMPA, FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042006 CR2E034 (11/05) 4. FEI Number 42-1663119 City & State City & State Applied For Not Applicable Ζp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIELS, JERRY Street Address (P.O. Box Number Is Not Acceptable) 7703 GLENVIEW LANE TAMPA, FL 33615 Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE \$5.00 May Bo 9. Election Campaign Financing FILE;NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Deleta TITLE Addition ☐ Chance DANIELS, JERRY NAME NAME STREET ADDRESS 7703 GLENVIEW LANE STREET ADDRESS CUTY-ST-ZIP **TAMPA, FL 33615** CITY-ST-ZIP TITLE ☐ Colete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CUTY - SI - 709 CITY-ST-ZIP TOTLE Delete TITLE ☐ Change ☐ Addition MAME MAME STHEET ADOPESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE Change -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP BILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-SI-70P CITY-ST-ZIP TITLE ☐ Defete TIJLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-71P CITY-ST-7IP 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 111 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED